Alaska Department of Corrections

REENTRY MANUAL

2012

Reentry Manual / Pre Release Class Course Outline

Purpose
The purpose of PreRelease / ReEntry programming is to prepare inmates for successful transition back into community living.

Expectations
Throughout the course of PreRelease / Reentry programming, inmates will be presented with information to help them secure housing, find employment, rebuild relationships with family and access substance abuse prevention assistance upon release. Upon completion of programming, inmates will have a workable reentry plan, which includes the four objectives listed above.

Participation
PreRelease / ReEntry programming may be made available to inmates with 12 months or less to release. Once enrolled, participants will be expected to miss no more than 3 classes, to participate in class activities and to complete all assignments. A certificate may be issued upon successful completion.

Duration and Delivery
Because each inmate comes with unique needs, PreRelease / Reentry programming is fluid by design. As a general rule, PreRelease class may be delivered over a four to five week period, with two to three classes per week. The length of classes should be from 1 hour to 1 ½ hour per class. A class size of ten to twelve inmates is ideal. Delivery may be done by DOC Education Coordinators or by contract educators.

ReEntry Manual
The ReEntry Manual includes nine Steps to successful reentry, and is designed to function as both a teacher's guide and inmate workbook, with space to take notes, checklists to gauge reentry readiness and worksheets to create resumes, budgets and spending logs. Objectives are listed at the beginning of each Step, followed by a simple, step by step process for meeting them.

Some Steps require minimal time. For example, Step 1 requires inmates have birth certificates, state IDs, social security cards and other records. Inmates who have paperwork in order may move on to Step 2; others will complete forms requesting necessary documents and move on while waiting for them to arrive.

Other Steps require additional time. For example, Step 4 requires inmates to create a resume, understand how to look for work and practice interview skills. Resume worksheets are included in the ReEntry Manual and may be used alongside other available tools. The length of time needed to meet the objectives for this Step will depend on individual inmates and will likely differ among classes and institutions.

Supplementary Materials
Educator Coordinators or contract educators are encouraged to supplement the ReEntry Manual with reference materials specific to local areas. Reference materials might include local housing options, social service providers, AK Job Centers, etc. Instructors are also encouraged to invite guest speakers to class to present information on housing, employment support services, post secondary education and other helpful topics.

Step One: Make sure the "paper you" is in order.

Since 911, photo identification is now essential. Your prisoner ID qualifies as a government issued ID and can be used to get any of the following documents.

QUESTION 1:	**Do you have your birth certificate?**
□ **YES.**	**Good! Go on to QUESTION 2.**
□ **NO.**	**Keep reading for what to do.**

Birth certificates are issued by the state where you were born. Applications can be ordered by mail from the Bureau of Vital Statistics for that state.

If you were born in Alaska, use the form included in the back of this manual. If you were born outside Alaska, ask for the Vital Statistics office for the state you need.

A certified copy of an Alaska birth certificate requires a nonrefundable $20.00 fee. Be sure your application is accurate, complete, and includes a copy of a government issued ID. Expect a processing time of several weeks so start the process early.

QUESTION 2:	**Do you have a social security card?**
□ **YES.**	**Good! Go on to QUESTION 3.**
□ **NO.**	**Keep reading for what to do.**

The application form for a social security card is called an SS-5. Look for a copy in the back of this manual. Complete and sign the form, and return it to the nearest Social Security Administration office with proof of identification. The form is free and there is no application fee.

The Social Security Administration has offices in:

Anchorage:	**Juneau:**	**Fairbanks:**
Room A11	Room 231 Federal Bldg.	Room 138
222 W 8th Avenue	709 W9 – POB 21327	101 12th Avenue
Anchorage, AK 99513	Juneau, AK 99802	Fairbanks, AK 99701
Phone: (907) 271-4455	Phone: (907) 586-7070	Phone: (907) 456-5390
TTY: (907) 271-4799	TTY: (907) 586-7024	TTY: (800) 325-0778

QUESTION 3: Do you have a state identification card?

□ **YES.** **Good! Go on to QUESTION 4.**
□ **NO.** **Keep reading for what to do.**

Apply for a state ID card in person at any Department of Motor Vehicles Office. A list of offices statewide is included in the back of this manual.

- ☑ Complete an Application for Alaska Driver License, Permit or State Identification (Form 478, included in the back of this manual). **Sign this form only you are in front of a DMV representative.**
- ☑ Provide primary documentation of your legal name and date of birth (ex: birth certificate, passport or military ID).
- ☑ Provide secondary item to verify legal name and date of birth (ex: employee, military or school ID, health insurance card, tax form or medical records).
- ☑ Provide a social security card.
- ☑ Provide documentation of residence, not mailing address (ex: electric, phone or cable bill, rental agreement, bank statement).

QUESTION 4: Do you have a valid driver's license?

□ **YES.** **Good! Go on to SECTION 2.**
□ **NO.** **Keep reading for what to do.**

If you can't find your driver's license, but know it hasn't expired, apply for a duplicate license in person at the DMV.

- ☑ Show two pieces of identification.
- ☑ Pass a vision test.
- ☑ Pay a duplicate license fee of $15.00.

To renew your Alaska driver's license, apply in person at the DMV.

- ☑ Complete an Application for Alaska Driver License, Permit or State Identification (Form 478, included in the back of this manual).
- ☑ Surrender your current Alaska license.
- ☑ Pass a vision test.
- ☑ Pay the required fee ($20.00 or $100.00 for CDL).

Important: Alaska does not have a grace period. Once your license expires, it is illegal for you to drive. If your license is expired for over 1 year, you must pass the written test again in order to renew your license.

If you need a driver's license from start to finish, first get a learner's permit:

- ☑ Complete an Application for Alaska Driver License, Permit or State Identification (Form 478, included in the back of this manual).
- ☑ Provide primary documentation of your legal name and date of birth.
- ☑ Provide secondary item to verify legal name and date of birth.
- ☑ Provide a social security card.
- ☑ Provide documentation of residence address.
- ☑ Pass a written knowledge test (free, books and test are available in prison).
- ☑ Pass a vision test (free).

If you are 19 or 20 years old, your permit expires 90 days after your 21st birthday; all others are valid for 2 years. If you have a learner's permit from another state, get an Alaska learner's permit before driving in Alaska. You must also pass an alcohol and drug awareness knowledge test to renew your permit or upgrade to a license.

From learner's permit to license:

To drive with a permit, you must be accompanied by a licensed driver who is 21 years old or older, and has at least 1 year of driving experience. That person must be in the passenger seat next to you at all times. When you are ready, schedule your road test appointment at any state DMV office, or online.

- ☑ Be sure to bring your permit or written test scores.
- ☑ Bring two pieces of identification.
- ☑ Bring your social security number.
- ☑ Be sure to bring the required $20.00 fee.

DO YOU NEED ANY OTHER DOCUMENTS BEFORE RELEASE?

- ☑ Do you have a copy of your high school diploma or GED?
- ☑ Do you need copies of your medical records?
- ☑ Do you need documentation for the anger management or substance abuse programs you completed?

Step Two: Know about your identity.

Employers and landlords often do civil and criminal background checks on potential employees and renters. Know what they're like to see by doing a background check on yourself. Because identity theft is a growing problem for people coming out of prison, make sure yours wasn't used or stolen while you were inside.

QUESTION 1: Is your identity clear of trouble?

□ **YES.** **Good! Go on to Step 3.**
□ **NO.** **Keep reading for what to do.**

Legal Background Check:

☑ Request information on detainers and warrants from DOC.
☑ Request legal aid assistance if necessary.
☑ Contact local authorities and request information.
☑ Arrange for someone on the outside to do a background check on you.

Pro bono (free) legal help may be available at the Alaska Legal Services Corporation (ALSC):

Anchorage:
1016 West Sixth Avenue, Suite 200
Anchorage, Alaska 99501
Phone: (907) 272-9431
Toll-Free (888) 478-2572.
Fax: (907) 279-7417

Ask for addresses and phone numbers for other Alaska Legal Services Corporation offices statewide.

Fairbanks:
1648 Cushman, Suite 300
Fairbanks, Alaska 99701-6202
Phone: (907) 452-5181
Toll-Free (800) 478-5401
Fax: (907) 456-6359

Juneau:
419 6th Street, Suite 322
Juneau, Alaska 99801-1096
Phone: (907) 586-6425
Toll-Free (800) 789-6426
Fax: (907) 586-2449

Pro bono legal services may also be available at:

Alaska Pro Bono Program
P.O. Box 140191
Anchorage, AK 99514-0191
Phone: (907) 529-1860

Alaska Native Justice Center
3600 Jeronomi Drive, Suite 264
Anchorage, Alaska 99509
Phone: (907) 793-3550

Credit Background Check:

The Fair Credit Reporting Act requires several national companies to provide you a free copy of your credit report once every twelve months. To get your copy, fill out the Annual Credit Report Request Form (in the back of this manual), and send it to:

Annual Credit Report Request Service
PO Box 105281
Atlanta, GA 30348-5281

If you are the victim of identity theft, look for the pamphlet *Deter-Detect-Defend AVOID Identity Theft* in the back of this manual for a step by step guide to repairing the situation.

Step Three: Know about your conviction.

Be sure you understand how your conviction affects your options for housing, public assistance, and employment.

QUESTION 1: Does your conviction affect reentry?

□ **NO. Good! Go on to Step 4.**
□ **YES. Keep reading for more information.**

Housing: Under federal law, states may not provide public housing to people with sex offense violations or anyone convicted of producing meth on public housing premises. Anyone convicted of these offenses is banned for life. And, anyone who receives public housing benefits can be evicted if they let a convicted drug offender live with them within 2 years of release.

Public housing authorities conduct background checks on all applicants. Many private landlords do too. False information is one of the biggest reasons housing is denied. Be sure the information you provide on housing applications is accurate and honest.

If you have questions about your eligibility for public housing benefits, contact the Public Housing Authority for the State of Alaska at:

AHFC
4300 Boniface Parkway
Anchorage, AK 99510
Phone: (907) 338-6100 (Section 8)
(907) 330-8432 (general info)
Fax: (907) 338-1683

Emergency Housing Help: Know where you can go for emergency housing help. Emergency shelters can provide a place to stay should your housing plan fall through.

Anchorage:
Brother Francis Shelter
1021 E. 3rd Avenue
Anchorage, AK 99523
(907) 277-1731

Juneau:
Glory Hole
247 South Franklin Street
Juneau, AK 99801-1343
(907) 523-9832

Fairbanks:
Fairbanks Rescue Mission
723 27th Avenue
Fairbanks, AK 99701-7038
(907) 452-5343

There are other emergency shelters. Ask for contact information.

Food Stamps: The Alaska Food Stamp Program provides food benefits to low-income households. However, under federal law, anyone convicted of a drug-related felony after August 22, 1996 is no longer eligible for federally funded food stamps. However, you may still apply for food stamps on behalf of children, spouses, or other members of your household. Although your income and resources will be considered, you will not be eligible for food stamps.

The Division of Public Assistance issues food stamp benefits via the Alaska Quest card. The amount received each month depends on countable income and household size. Alaska has special rules that allow higher food stamp benefits in rural areas, and the use of benefits to purchase certain hunting and fishing subsistence supplies.

To be eligible, you must be an Alaska resident and pass income and assets tests. All applicants must have social security numbers, be US citizens or nationals or qualified aliens. Applicants between the ages of 16 and 59 must also be working or registered for work, participating in employment and training programs, and may not quit a job.

For more information, contact the Alaska Division of Public Assistance in:

Anchorage:	**Juneau:**	**Fairbanks:**
400 Gambell St. Anchorage, AK 99501	10002 Glacier Hwy, Suite 200 Juneau, AK 99801	675 7th Ave., Station D Fairbanks, AK 99701
phone: (907) 269-6599	(907) 465-3537 (800) 478-3537	(907) 451-2850 (800) 478-2850
fax: (907) 269-6450	(907) 465-4657	(907) 451-2923

For other offices statewide, look in the government pages of your phone book, or online at **http://www.hss.state.ak.us/dpa/features/org/dpado.htm**.

Emergency Food Assistance: Know where to go for emergency food assistance. Help may be available at a local food bank or at emergency shelters that also provide free meals.

Anchorage:	**Juneau:**	**Fairbanks:**
Food Bank of AK, ANC (907) 272-3663	SE AK Food Bank 10020 Crazy Horse Drive (907) 789-6184	Food Bank of Fairbanks (907) 456-2337
Locations vary. Call for more information on how and when to get food boxes.	Perishable food available for individual pickup every Saturday at 8:30 AM.	Call for information on how to order food boxes.

Employment: Most states allow private employers to deny jobs and occupational licenses or to fire anyone with a criminal record. Contact the AK Department of Labor to learn more about state laws that bar people with criminal records from employment and about any programs available to help you find work.

Did you know the federal government offers a tax credit of up to $2400 for employers who hire people with felony records? Let potential employers know about the Work Opportunity Tax Credit (WOTC) program and bring information about the program (in the back of this manual) with you to job interviews.

Before your release:

☑ Take the CareerScope Assessment.
☑ Take advantage of apprenticeship and vocational opportunities in prison.
☑ Ask about felon-friendly employers. Contact them before your release.
☑ Know where your nearest job center is and post your resume on ALEXsys.

Alaska Job Centers are located in:

Anchorage:		
Gambell:	400 Gambell Street	phone: (907) 269-6414
Midtown:	3301 Eagle Street, Suite 101	phone: (907) 269-4800
Muldoon:	1251 Muldoon Road, Suite 111	phone: (907) 269-2-32
Cook Inlet Tribal Council:	3600 San Jeronomi Drive	phone: (907) 793-3300
Fairbanks:	675 Seventh Avenue	phone: (907) 451-5967
Juneau:	10002 Glacier Highway, Suite 100	phone: (907) 465-4562

Alaska Job Centers are also located in Barrow, Bristol Bay, Eagle River, Glenallen, Fairbanks, Homer, Ketchikan, Kodiak, Kotzebue, Mat-Su, Nome, the Kenai Peninsula, Seward, Sitka, Tok, Valdez and the YK Delta in Bethel. Ask for contact information for your nearest Job Center.

Form I-9 Employment Eligibility Verification: When you begin work, your employer will ask you to fill out what's commonly called an I-9 form. This form verifies your identity and your eligibility to work in the United States. Be ready to work by having all the necessary paperwork. You will need:

☑ a US passport, **OR**
☑ a driver's license, state ID, military or school ID **AND**
☑ your social security card

Bonding: Some job applications require employees to be "bonded" against money or property loss. Many private bonding agencies will not bond applicants with criminal histories. However, the Federal Bonding Program provides fidelity bonding for the first six months of employment for hard-to-place job applicants.

For more information, contact the Federal Bonding Program at 1-800-US2- JOBS (1-800- 872-5627).

Employers conduct background checks.
Report any felony convictions on all applications.

Step Four: Know how to look for work.

Upon release, you will be responsible for providing and paying for your own food, clothing and shelter. Bills add up fast so finding and keeping a job to support you and your family is critical. Looking for work is a process and requires the following tools:

- ☑ resume
- ☑ job search skills
- ☑ interview skills
- ☑ temporary and/or back up plan

QUESTION 1:	**Do you have a resume ready to go?**	
□	**YES.**	**Good! Go on to QUESTION 2.**
□	**NO.**	**Keep reading for more information.**

Applying for a job often includes submitting a resume. A good resume gives potential employers a snapshot of your education, experience, skills and objectives. There are three basic resume styles:

☑ **Chronological Resumes** list work histories in reverse chronological order, with your most recent job listed first. A chronological resume works best for someone who has had continuous employment.

☑ **Functional Resumes** focus on specific skills and experience. A functional resume works well for someone who has gaps in employment or changes jobs or careers.

☑ **Combination Resumes** list skills and experience first, followed by employment history. A combination resume highlights important skills and experience, followed by work history that shows how skills and experiences were put to work.

Because many people in prison have had gaps in employment, a combination resume often works best. No matter which resume format you choose, use the checklist below to make sure your resume contains all the important information:

- ☑ **Contact Information**
- ☑ **Experience / Work History**
- ☑ **Education**
- ☑ **Special Skills**
- ☑ **References**

RESUME WORKSHEET

Use this worksheet to record the information you will need to create a resume. Make the information is thorough and complete, save it as a lasting resource and update it as your skills or work history changes.

I. Personal Information

Temporary Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ E-Mail:_____

Permanent Address (if different): _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ E-Mail: _____

Some jobs require security clearance, and you will need to record every place you've ever lived. You may also be required to identify and locate roommates.

II. Education

High School or GED: _____
Location: _____ State: _____
Date obtained: _____

College or University: _____
Location: _____ State: _____
Classes or Degree (if obtained): _____
Major(s): _____ Minor(s): _____
Date obtained: _____ Major GPA: _____ Overall GPA: _____

Other schools attended, training or certifications received, licenses obtained, along with dates. These may include CPR/First Aid, HVAC, Hazwopper, etc.:
_____
_____
_____

III. Experience

Consider all experience—paid, unpaid, volunteer, etc., and duplicate this section for each experience in your background.

Position title: _____
Organization name: _____
Address: _____
City: _____ State: _____
Dates employed (months & years only): From: _____ To: _____
Name of supervisor(s): _____
Duties and responsibilities:
_____
_____
_____

Specific performance accomplishments or contributions you made to this job:
_____
_____
_____

IV. Special Skills

Include special talents, skills, and training, including languages, computer skills, artistic skills, licenses, significant achievements, etc:

_____
_____
_____

V. Activities

1. Include the names of any memberships or offices you hold in professional associations, clubs or community groups, volunteer & religious organizations.
   _____
   _____
   _____

2. Academic, athletic, social and civic awards and honors:
   _____
   _____

VI. References

Include three professional or academic references and one personal reference. Be sure to get permission before using their name! Most of the time, references are listed on a separate page from your resume.

1. Name: _____ Phone: (_____) _____
   Address: _____ City: _____ State: ____
   Position: _____

2. Name: _____ Phone: (_____) _____
   Address: _____ City: _____ State: ____
   Position: _____

3. Name: _____ Phone: (_____) _____
   Address: _____ City: _____ State: ____
   Position: _____

4. Name: _____ Phone: (_____) _____
   Address: _____ City: _____ State: ____
   Position: _____

VII. Notes:

Is there anything else you need to include to demonstrate your skills, experience or education? Is there anything else that would show potential employers you are a good candidate for the job?

_____
_____
_____
_____
_____
_____
_____
_____

Now that you have the information you need to create a resume, read on for an example of how your resume might look on paper.

Sample Combination Resume

Joe Smith
1234 Elm Street
Anchorage, AK 99508
(907) 123-4567

Job Objective: An entry position in office services.

Summary of Qualifications

- Hardworking and reliable.
- Willing to learn new skills.
- Very motivated to succeed.
- Friendly and outgoing.
- Eager to find and maintain steady employment.

Office Skills

- Answering phones with multiple lines
- Filing documents
- Making copies
- Proofreading correspondence
- Making appointments

Computer Skills

- Completed CIOS 103 Introduction to Personal Computers
- Completed CIOS 113 Operating Systems I: Microsoft Word
- Completed CIOS 101A: Keyboarding I
- Type 45 WPM

Employment History

▪	2007 – 2010	**Computer Lab Assistant**	Grouse Correctional Center, Elim, AK
▪	2004 – 2005	**Office Assistant**	Piner Services, Truckee, CA
▪	1997 – 1999	**Landscaper**	Bob's Tree Service, Eugene, OR

Education

▪	Grades 9-11, East High School, Anchorage, AK	1995 – 1997
▪	GED, The Learning Connection, Juneau, AK	2006

Resume Guidelines

Your resume is important! The quality of your resume often determines whether or not you get the interview you need to land the job. Take the time to do a good job and follow these final guidelines:

☑ Keep your resume 2 pages or less.
☑ Make sure you have 1 inch margins and plenty of white space.
☑ Use an easy to read font, size of 10 or 12.
☑ Keep your layout simple and readable.
☑ Proofread and correct any typos or spelling mistakes.

QUESTION 2:	**Do you know where to look for work?**	
□	**YES.**	**Good! Go on to QUESTION 3.**
□	**NO.**	**Keep reading for more information.**

Now that you have a good resume in hand, how do you find job openings and potential employers? While there are many ways to search for work, here are a few proven methods:

☑ Word of mouth works! Ask everyone you know, and ask them to ask everyone they know. Spread the word that you're looking for work.

☑ Look at the classified section of your local newspaper. Scan the help wanted section every day. If you don't get the paper, check the library.

☑ Use ALEXSys, the state's one-stop shopping, online job network. ALEXsys allows you to create and store your resume, look for jobs and apply for them all on the same website.

Go to an Alaska Job Center!

The Alaska Job Center Network is an invaluable resource for anyone looking for work or looking to improve job skills, interview techniques, resume writing and much more. Job Centers are located throughout the state and offer a variety of services, mostly free of charge.

Make sure you know what to ask for when you visit an Alaska Job Center. Here are just a few of the services, training opportunities and other resources available:

- ☑ trained **Vocational Counselors** who can help you understand the world of work and how best to put your skills to work;

- ☑ information and forms for **Work Opportunity Tax Credit**, a federal program that provides up to $2400 in taxes to employers that hire felons;

- ☑ information and forms for **Fidelity Bonding**, the only bonding program that accepts felons – it's free to employers and workers and has no deductible;

- ☑ information on the **MASST Program**, which provides paid skills and on the job training to Alaskans 55 years old or older;

- ☑ information on the **Workforce Investment Act Program**, and other grants to help cover costs of job training, vocational and other classes, transportation, child care and other costs associated with looking for work;

- ☑ a variety of **workshops** on finding and keeping a job, including computer training, resume writing, interview skills and mock interview practice; and

- ☑ **resource rooms** with access to computers and internet, telephones, fax machines and copiers – all the resources you need to look for a job and build the skills you need to keep it.

There may be other employment or job-related resources in your area, including adult education centers like Nine Star Education & Employment Services in Anchorage, Native Corporations or other public or private organizations.

QUESTION 3:	**Are you ready for your interview?**	
□	**YES.**	**Good! Go on to QUESTION 4.**
□	**NO.**	**Keep reading for more information.**

Once your resume has got your foot in the door, are you ready for an interview? Your interview gives potential employers a chance to learn more about you, face to face, and often determines whether or not you get the job.

The better your interview skills, the better your chances of getting the job!

Before the interview:

☑ Learn as much as you can about potential employers.
☑ Know the job skills and qualifications for the job you want
☑ Be ready to explain your own skills and qualifications.
☑ Practice your answers to common interview questions before you go.
☑ Have a few questions of your own to ask at the end of the interview.

Know that federal law prohibits employers from asking any personal information unless it relates – legitimately – to the job. Do not divulge personal information. Federal law also protects persons with disabilities from having to disclose their disability before being offered a job. Understand your own skills, needs and abilities and consider them carefully when looking for work. Are there any accommodations potential employers may be able to make to facilitate employment?

During the interview:

☑ Dress for success even if you have to borrow what you need.
☑ Be on time and plan on arriving 5 – 10 minutes early.
☑ Think before you speak and take the time to formulate good answers.
☑ Give honest answers and explain yourself when necessary.
☑ Look and act like a likeable person – look like someone who'd get the job!
☑ Make eye contact and pay attention to the other people in the room.
☑ Ask the questions you prepared before the interview.
☑ Finish the interview on a positive note no matter what – always say thank you.

Bring information on the **Work Opportunity Tax Credit** and **Fidelity Bonding** programs with you to your interview. Explain these programs and encourage potential employers to take a chance on you. These programs may help tip the scales!

After the interview:

☑ Play the interview back in your mind – what went well and what would you change next time?
☑ Write a thank you note – this can also be a way to slip in anything forgotten during the interview.
☑ Follow up only if necessary – get back in touch only if you haven't heard back by a specific deadline set at the interview.

QUESTION 4: Do you have child care if you need it?

□ **YES. Good! Go on to Step 5.**
□ **NO. Keep reading for more information.**

Once you're back to work, you may need child care. The AK Department of Health and Social Services (DHSS) helps families find child care information, resources and referrals through state funded Resource and Referral (R&R) agencies. Help is free to families eligible for child care assistance and sliding scale fees may be available for families who are not**.** Contact the Resource and Referral Agency closest to you.

Anchorage and South Central Region:
Thread – Connecting Early Care & Education to Alaska
P.O. Box 141689
Anchorage, AK 99514-1689 1-800-278-3723

Fairbanks and Northern Region:
C.A.R.E.S Resource & Referrals
1908 Old Pioneer Way
Fairbanks, Alaska 99709 (907) 459-1439 or (866) 878-CARE

Child Care Referrals within Fairbanks North Star Borough:
520 5th Ave
Fairbanks, AK 99701 (907) 459-1439

Juneau and Southeast Alaska:
AEYC-SEA
3100 Channel Drive Suite 215
Juneau AK 99801 1-888-785-1235

The Alaska In program provides additional child care assistance for kids with special needs. Ask the Resource and Referral Agency you call about this!

Child Care Food and Nutrition

The Child Care Food Nutrition Program is a federal program that reimburses licensed and approved childcare providers part of their food costs, with the goal of improving the diets of kids ages 12 or younger.

In Alaska, this program is monitored by the Department of Education and Early Development (EED). For more information on this program, or for help finding a participating child care center, contact the EED at (907) 465-8711.

Alaska Temporary Assistance Program

The Alaska Temporary Assistance Program (ATAP) provides cash assistance and work services to low-income families with children. ATAP is designed to help families cover basic needs while working toward becoming self-sufficient. For this reason, ATAP uses a "Work First" approach.

ATAP participants must to look for paid employment and participate in activities that increase job skills, including community work experience, job and life skills training, adult basic education and GED preparation.

ATAP also offers a variety of other services for families moving toward self-sufficiency, including:

☑ help with transportation costs, including vehicle repairs and driver's license;
☑ interview clothing and personal grooming;
☑ special tools, clothing, and equipment needed for employment;
☑ On-the-Job Training (OJT) and wage supplementation programs; and
☑ financial assistance to help cover child care expenses.

To be eligible for assistance, families must meet strict income and other resource requirements. Cash assistance depends on family size, income and housing expenses and is subject to a 60 month lifetime limit.

For more information on ATAP, contact local Public Assistance Offices in:

Anchorage	**Fairbanks**	**Juneau**
400 Gambell Street	675 7th Avenue, Station D	1002 Glacier Hwy, Suite 200
Anchorage, AK 99501	Fairbanks, AK 99701	Juneau, AK 99801
(907) 269-6599 – Phone	(907) 451-2850 – Phone	(907) 465-3537 – Phone
(907) 269-6450 – Fax	(907) 451-2923 – Fax	(907) 465-4657 – Fax

Step Five: Plan for life out of prison.

Life outside prison requires a good "recovery" plan that includes how you will regain community living skills, find a job and pay bills, resume parenting responsibilities, practice good communication skills and control emotions.

Just like entering prison can be frightening, so can leaving. You might feel overwhelmed by all the choices you have to make, about all you've forgotten or missed about living in the community. You might be nervous about living up to the expectations of family or friends who supported you while in prison, or find that you no longer have their support upon release.

Life outside prison also requires a good "reentry" plan that includes a:

- ☑ self care plan
- ☑ career plan
- ☑ parole plan
- ☑ social support plan
- ☑ back up plan if things change

QUESTION 1: Do you have good "recovery" & "reentry" plans?

□ **YES. Good! Go on to STEP 5.**
□ **NO. Keep reading for more information.**

Get a recovery plan in order before your release:

- ☑ Read the newspaper to learn about what's happening outside.
- ☑ Request information on how to save and budget money, use credit cards and ATM cards. Practice saving and budgeting your money before release.
- ☑ Request books on building self confidence and positive self image.
- ☑ Enroll in Inside Out Dad, a parenting program for dads in prison.
- ☑ Enroll in apprenticeship and vocational classes to gain new job skills.
- ☑ Enroll in computer classes if possible.
- ☑ Take an anger management and/or substance abuse course.
- ☑ Take advantage of every opportunity to be ready before release.

Get a reentry plan in order before release:

It's normal to feel overwhelmed by all you need to be ready for reentry. Good planning takes time and work. For many people, planning does not come naturally so be prepared to work hard and keep at. The better your plan, the better your transition into community living will be. And while DOC staff will help you get ready, do not count on staff to do the work for you.

Use the **Reentry Planning Form** below to get started.

1. Do you have proof of identification?

- ☐ birth certificate
- ☐ social security card
- ☐ photo identification
- ☐ current driver's license

2. Do you have a home plan?

- ☐ I have a safe and stable place to live that keeps me away from bad influences and gives me the privacy I need to deal with returning to the community life.
- ☐ I know the things and behaviors that get me in trouble. I know my risk factors and how to manage them in smart ways.
- ☐ I know living with family can be stressful and understand what they expect from me. I know what I need to do to make it work.
- ☐ I have a back up plan in case things don't work out, and I know at least one person I can trust and call for help and support.

3. Do you have a career plan?

- ☐ I can find a job that pays a living wage so I can pay my bills and start to save. I know my first job out of prison is a stepping stone and that a better job depends on learning new skills and earning a good reputation.
- ☐ I can find a job or career that provides satisfying work. I may need more education or training but I have an idea of what I want to do.

- ☐ I understand how important health benefits are and will look for jobs

that offer insurance. I know what my options are if I can't get insurance through work.

☐ I have a back up plan in case things don't work out, and I know at least one person I can trust and call for help and support.

4. Do you have a parole plan?

☐ I know my stipulations before release and understand what I need to do to comply with the conditions of my parole.

☐ I know who my Parole Officer is and made contact with them before release. I have either met with them or sent a letter to introduce myself.

☐ I'm prepared for my first meeting with my Parole Officer. I know the address and phone number for the Parole Office and have plans for how to get there on the day I'm released.

☐ I know I may get frustrated with the conditions of my parole and of my Parole Officer. I can work through frustrations and stay on track without losing control of my emotions or behavior.

☐ I have at least one person I trust and can talk to when I need help or support.

5. Do you have a social support plan?

☐ I know how to ask for help and how to show my appreciation in return.

☐ I have contact information for AA, NA, Alanon and Alateen and plan to attend meetings when I'm released. I have a temporary sponsor.

☐ I have contact information for churches or other religious organizations I can turn to for help and support.

☐ I know it will take time to settle back into community living and expect to be frustrated sometimes. I know how to control my emotions and behaviors even though I may become frustrated or angry at the world.

☐ I have at least one person I trust and can talk to when I need help or support. Better yet, I have two people I can count on and trust.

6. Do you have an "idle time" plan?

☐ I know what to do with down time, and have plans for how to stay busy and focused when I'm not at work or taking care of other responsibilities. I know too much idle time can be risky if I don't have a plan.

☐ I know where to go to socialize in positive ways that will help me reconnect with the community. I know what my old habits and risky behaviors were and know how to deal with them differently now. I have a list of places I can go to be around positive people and influences.

☐ I have a back up plan in case things don't work out, and I know at least one person I can trust and call for help and support.

7. Do you have a self care plan?

☐ I know how to be, act and stay healthy. I know what foods to eat, that I need exercise, and a need a good night's sleep. I know how to practice positive thinking and how important it is to my mental and physical health.

☐ I know about my medical and mental health issues and how to get the care I need. I know what medications I need and where to get them once I get out. I have a list of clinics and hospitals I can go to for treatment. I have copies of my medical records if I need them and filled out Medicaid or other public health programs before release.

☐ I know stress is a part of life and have tools to manage it in positive ways. I have at least one person I trust who I can always talk to when I feel stressed or frustrated. I know I can escape through music, a hobby sports or exercise. I know how to calm myself down and stay focused on my goals no matter what.

☐ I know how to label and manage my emotions without getting out of control. When I manage my emotions, I control them, not the other way around. I know to expect a huge range of emotions when I get out and feel ready to handle it.

☐ I know how to make better decisions this time and understand the consequences of bad ones. I understand how to think before I act and how that affects my goals and the other people in my life.

☐ I have a back up plan in case things don't work out, and I know at least one person I can trust and call for help and support.

Step Six: Are you eligible for Social Security Benefits?

Determine whether you qualify for social service benefits, like social security, social security disability or supplemental security income.

QUESTION 1:	**Are you eligible for social security benefits?**	
□	**YES.**	**Good! Go on to QUESTION 2.**
□	**NO.**	**Keep reading for what to do.**

Social security benefits may be available if you are 62 years old or older. In most cases social security benefits will not be paid for months spent in prison. However, your spouse or children can be paid benefits on your record if they are eligible.. Because you not automatically eligible upon release, you must apply for social security benefits and will need proof of age, citizenship and identity.

Social Security Disability benefits are based on work history and disability. No benefits are payable for months you are in prison, and being a recent parole does not qualify as disability.

Supplemental Security Income may be available if you are 65 years old or older, are blind or disabled and have income or other resources below a certain limit. You cannot receive benefits for any month throughout which you were in prison.

In all cases, if you think you may qualify for benefits, contact the Social Security Administration for more information.

☐ Request information on eligibility conditions, like income limits, proof of disability, and work history, from the Social Security Administration.

☐ Contact the Social Security Administration Office to request information on the conditions for these benefits.

The Social Security Administration has offices in:

Anchorage:	**Juneau:**	**Fairbanks:**
Room A11	Room 231 Federal Bldg.	Room 138
222 W 8th Avenue	709 W9 – POB 21327	101 12th Avenue
Anchorage, AK 99513	Juneau, AK 99802	Fairbanks, AK 99701
Phone: (907) 271-4455	Phone: (907) 586-7070	Phone: (907) 456-5390
TTY: (907) 271-4799	TTY: (907) 586-7024	TTY: (800) 325-0778

Step Seven: Make sure you get – and stay - healthy.

People inside prison have a constitutional right to medical and mental health treatment. However, this right does not follow you out of prison. Access to health care in the community will depend on your ability to pay.

People leaving prison often have chronic medical problems, like hypertension, diabetes, asthma, HIV/AIDS, that require follow-up care. Mental health concerns, like depression, PTSD and anxiety, also need care, along with any substance abuse problems.

QUESTION 1: Is your health in order?

□ **YES.** **Good! Go on to Step 7.**
□ **NO.** **Keep reading for what to do.**

Before your release:

☑ Make medical appointments to treat chronic and acute problems.

☑ Make mental health appointments to manage depression, trauma, and anxiety.

☑ Make dental appointments to repair teeth or replace dentures lost while in prison.

☑ Understand your medications and request a two week supply prior to your release.

☑ Ask for information about health insurance and prescription plans for people leaving prison.

☑ Ask for, complete and submit applications for Medicaid and or other public programs to cover the cost of medications and treatment.

☑ Ask for information about state-approved substance treatment programs. Complete and submit applications for programs if necessary.

Do you need medical records?

If you request copies of your medical records while in prison, you will be charged a fee. However, if a doctor or hospital treating you outside prison requests medical records on your behalf, you will not be charged.

After your release:

Protecting your health requires staying on medications and remaining in treatment. Get the care and support you need and to stay healthy and sober.

☑ Plan on a wait time of several weeks for appointments at community clinics.

☑ Find the location of the nearest AA or NA meeting and attend.

☑ Find an AA or NA sponsor to support you, especially when you first leave prison.

Contact Alcoholics Anonymous at:

Anchorage: (907) 272-2312
Fairbanks: (907) 456-7501
Juneau: (907) 586-1161

Contact Narcotics Anonymous at:

Statewide: 1-866-258-6329
Anchorage: (907) 277-5483
Fairbanks: (907) 452-7372
Juneau: (907) 790-4567
Kenai: (907) 335-9456

Step Eight: Be prepared to manage your money.

Managing your money is essential to life outside prison. Having a bank account – both savings and checking – is essential for managing your money and for paying bills. Creating a budget helps you take control of where your money goes. With that information, you can make good choices for yourself and your family.

QUESTION 1: Do you have a bank account?

□ **YES.** **Good! Go on to Question 2.**
□ **NO.** **Keep reading for what to do.**

People with bad credit often have a hard time opening checking accounts. In most cases, checking accounts are refused based on a reporting system called ChexSystems. When checks bounce, banks are owed money and customers are reported to ChexSystems. Banks also request ChexSystems reports for anyone wanting to open a checking account.

If you are refused a checking account, ask if refusal was based on a ChexSystems report. If so, you are entitled to view your ChexSystems report for free. Go to **www.chexhelp.com** to request a copy of your report, or to refute entries you believe are incorrect. Entries are usually cleared after 5 years, and ChexSystems reports considered clean again.

Although you may not be able to open a checking account right away, open a savings account and start building a good relationship with your bank. Given time and a good relationship, you may be able to open a checking account in the future.

Be aware of check cashing fees:

Because banks will not cash checks for anyone without an account, check cashing businesses are common. Be aware of any fees charged and any limitations on types of checks cashed or maximum amounts. Also, because fees and other charges vary, ask questions upfront, before you sign over your check.

Compare 3 check cashing options for Anchorage, for a payroll check for $500.00:

Cash America Pawn	**Money Mart**	**AK Check Cashing**
3% of payroll check	3% of payroll check	3% of payroll check
$4.00 minimum charge	$1.99 per check charge	no extra charges
$479.00 after fees	**$483.01 after fees**	**$485.00 after fees**

You can cash payroll and government checks at any Walmart store. Bring your check, government ID and social security number to any cashier and your check will be cashed based on the following criteria:

☑ Checks must be printed (i.e., no hand written checks will be cashed).
☑ A $3.00 fee applies to all checks up to $999.00.
☑ A $6.00 fee applies for all checks over $1000.00.
☑ Payroll checks will be cashed up to $1500.00
☑ State issued checks will be cashed up to $3000.00
☑ Federal tax refund checks will be cashed up to $5000.00.

Look for Walmart money centers for more information on bill paying options, money cards and other services. Money orders are also available at Walmart for $0.60 each.

QUESTION 2:	**Do you have a budget and spending plan?**
□ **YES.**	**Good! Go on to Step 8.**
□ **NO.**	**Keep reading for what to do.**

Before your release:

Even though you may not have all the information you need before your release, start thinking about how much money you need to survive and plan your budget:

☑ Use the **Build – A – Budget Worksheet** to make a list of regular monthly expenses. Be as accurate and honest as possible. Don't forget to include money for fun things – eating out, movies and other entertainment.

☑ Use the **Income Worksheet** to list what your monthly income will be. Include any bonus pay, dividends, interest, alimony or child support, social security, pension or retirement income, and public assistance.

☑ Test how well your budget works for you by subtracting monthly expenses from monthly income. Will you have enough income to pay for expenses? Will you have enough left over to start saving money for a rainy day, the loss of a job or a health emergency? If your income doesn't cover your expenses, what can you to cut back but still be okay?

☑ If you owe debts, be sure to include the minimum monthly payments that must be made each month. Examine your budget for ways to pay down your debts. Which expenses can you cut back to pay down debts? Make debt reduction a priority.

☑ Think about your financial goals. Do you want an emergency fund to cover temporary unemployment, unexpected medical bills, or other unforeseen expenses? Will you want vacation savings, a new car, cell phone or Xbox? Start by making a list of your financial goals. Examine your budget for ways to reduce expenses and increase savings.

After your release:

☑ Once you've created and reworked you budget, put it to the test outside prison. Live within the budget you create for one month and see how it feels.

☑ At the end of each month, look over your actual expenses to see if they match up to what you've budgeted. If they don't, what can you do differently? Do you need to rework your spending plan, or your budget to reflect your actual spending?

☑ Keep track of what you make and spend every month. Be aware of upcoming expenses, like birthday presents or holiday time, a few months in advance and budget for them. Remember, creating and sticking to a budget is a work in progress and it takes time, effort and often, sacrifice.

Check yourself every so often with an expense record:

Every expense adds up and it's easy to overspend without noticing. Check your actual spending by creating an expense record. This low tech tool – all you need is paper and pencil – allows you to track **EVERY** expense, without letting anything fall through the cracks. Here's how:

☑ Us one sheet of paper per week to record your expenses for 2 months. Spreading your record over two months gives a better picture of where your money goes than just one week or one month.

☑ Create 7 columns – one for each day – on a page. Record the date at the top of each column. Start with the **Weekly Expense Record** included.

☑ Begin on the first day of the month. Carry your expense sheet and pen or pencil with you at all times.

☑ Record every expense – no matter how big or small – you pay with cash, check, credit or debit card. Include **EVERYTHING**.

☑ At the end of each day, add up expenses and write in your daily total.

☑ At the end of each week, add up total weekly totals.

☑ Start each new week with a new weekly expense sheet.

☑ At the end of two months, add in any seasonal, annual, semi-annual or quarterly expenses you have coming but haven't had to pay yet. Common examples include car insurance and registration, medical bills, and holiday spending.

☑ Compare your actual record with your monthly budget. Are they the same? Are there any expenses you weren't aware of? How did you do? Make any necessary adjustments.

Weekly Expense Record

Sunday ___/___	Monday ___/___	Tuesday ___/___	Wednesday ___/___	Thursday ___/___	Friday ___/___	Saturday ___/___
Total	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**

Build – A – Budget Worksheet

Fill in each category and column to the best of your ability. Leave blank any categories that do not apply to you. For example, if you do not have a second mortgage, leave it blank. Be as accurate and honest as possible, and don't forget to budget some money for fun things like eating out or going to a movie.

Item	Monthly Bill	Due Date
HOME		
Mortgage or Rent	_____	_____
Second Mortgage	_____	_____
Taxes & Insurance	_____	_____
Repairs	_____	_____
Association Fees	_____	_____
UTILITIES		
Electric	_____	_____
Gas or Oil	_____	_____
Water & Sewer	_____	_____
Phone (landline)	_____	_____
Phone (cellular)	_____	_____
Cable / Satellite TV	_____	_____
Internet	_____	_____
TRANSPORTATION		
Car payment 1	_____	_____
Car payment 2	_____	_____
Gas	_____	_____
Car Insurance	_____	_____
Repairs / Maintenance	_____	_____
Taxi	_____	_____
Bus Pass / Tokens	_____	_____

INSURANCE

Health Insurance	_____	_____
Life Insurance	_____	_____
Disability	_____	_____

DEBT PAYMENTS

Credit Card 1	_____	_____
Credit Card 2	_____	_____
Students Loans	_____	_____
Other Loans	_____	_____

FOOD

Groceries	_____	_____
Eating Out	_____	_____

FAMILY EXPENSES

Day Care	_____	_____
Child Support	_____	_____
Alimony	_____	_____

PERSONAL CARE

Hair Cuts	_____	_____
Prescription Medication	_____	_____
Toiletries	_____	_____
Clothing	_____	_____

PETS

Food	_____	_____
Care (vet, grooming, etc.)	_____	_____

ENTERTAINMENT

Books & Magazines	_____	_____
Movies & Concerts	_____	_____
Hobbies	_____	_____
Other	_____	_____

Income Worksheet

Source	Monthly Income
Job 1	_____
Job 2	_____
Bonus Pay	_____
Dividends & Interest	_____
Alimony	_____
Child Support	_____
Social Security	_____
Disability	_____
SSI	_____
Public Assistance	_____
Other	_____
TOTAL	_____

Federal Income Tax:

You must file federal income tax forms no later than 11:59 PM, on April 15th of each year.

There are many websites which allow you to file federal tax forms electronically, for free.

For more information, see **http://www.irs.gov/.**

Although they may look similar, know the difference between debit and credit cards:

- ☑ Debit cards are linked to your bank account. When you make a purchase using your debit card, the money is immediately withdrawn from your account.
- ☑ Credit cards give cardholders "credit" that must be paid back at a later date. When you make a purchase using a credit card, your card is billed and you must repay the balance at the end of each billing cycle.
- ☑ No matter which you use, spend only within your means. Once you create your budget, stick to it and monitor your expenses – debit or credit – closely.

Step Nine: Get your family ready for your release.

Expect to need help when you leave prison, and do your best to prepare yourself and your family before release. Expect to need help with housing, food, clothing, and transportation. Also expect an overwhelming mix of expectations, emotions and possible triggers.

Plan for your release by:

☑ reconnecting with family through letters, phone calls and visits,

☑ showing family who you are now and how you've changed,

☑ explaining what you need now, and

☑ asking for help and support as honestly and sincerely as possible.

QUESTION 1: Is your family ready for your release and return?

□ **YES. Good! Go on to Step 9.**
□ **NO. Keep reading for what to do.**

Think about past relationships with family:

What kinds of relationships did you have with family before prison? For many people, family relationships pose triggers to dangerous behavior, substance abuse problems and other issues. How will you deal with potential triggers?

Have you explained what you will need after release and asked for help? How long will your family be able to support you and offer help with housing, food, clothing and transportation? Are your needs and expectations reasonable?

Have you thought about how your return will affect your family? How will your return affect living arrangements, schedules, budgets and privacy? How will you show your appreciation and support for your family in return? What will you do to demonstration your appreciation and respect?

Step Ten: Get yourself ready for your family.

Your family may not understand what you need upon release. They may not understand why you seem different, are not ready to resume your old life right away or want to spend time alone. They may not understand why you have a curfew or why your PO pays unexpected visits.

Plan for your return by explaining:

☑ the requirements of your parole to your family,

☑ how violating curfew or other conditions can send you back to prison, and

☑ that you need time alone to think about how prison changed you and how your family and community have changed while you were away.

Also be prepared for relationships to have changed while you were away:

☑ relationships with kids may be especially hard to reestablish, and

☑ relationships with parents and siblings may have changed, and

☑ wives or girlfriends may want to separate upon release and return.

QUESTION 1: Are you ready for your family?

□ **YES.** **Good! Go on to Step 10.**
□ **NO.** **Keep reading for what to do.**

Before your release:

Think about what you will need from your family and expect them to have questions about your plans and how long you will need their help. Anticipate questions, expectations and possible frustrations.

☑ Ask family to be clear about "house rules" before you return, and be prepared to follow them when you return.

☑ Understand and explain the conditions of your parole. Explain how curfew and other conditions affect what you can and cannot do upon return.

☑ Sign up for Inside Out Dad, a parenting class for incarcerated fathers.

☑ Get information on community organizations that offer family counseling, especially on a sliding fee scale.

After your release:

☑ Be patient and understanding. Your time in prison has been hard on your family.

☑ Be especially patient with kids who may have grown up without you or are now angry and resentful that you were away.

☑ Contact Alanon or Alateen for support.

Call (907) 276-6646 in Anchorage.
Call (907) 456-6548 in Fairbanks.
Call (907) 789-8828 in Juneau.

☑ Look for other community programs to support you and your family upon return.

Anchorage Alcoholics Anonymous

Bridging the Gap Program

Temporary Contact Person (TCP)

Attn: BTG
615 W. 82nd Ave.
Suite B8
Anchorage, AK 99513
Phone: 907-272-7860
Contact a
Volunteer Coordinator
at
aabridgethegap@gmail.com
www.anchorageaa.org

Almost Done: Take another look.

Leaving prison can be as frightening, stressful and uncertain as getting in. Successful reentry requires a plan. Do your best to have a plan in place before your release. Know what to expect and what will be expected of you.

Once you work through the steps, take another look to make sure you have the support and help you need to transition back to the community successfully.

Inmate Release Identification

Last Name **First Name** **Full Middle Name**

Social Security Number:_____ Date of Birth: _____/_____/_____

_____

Previous Names (maiden name/court ordered name change/alias/nickname/marriage)

Residence Address:_____

City:_____ State: _____ ZIP:_____

City/State of Birth:_____ Country:_____

----PHOTO----	**Other Information**

Inmate Signature: _____

_____

Releasing Official or Probation Officer Signature:_____

Print Name: _____ Title: _____

Date: ___/___/_____Valid for 30 days from issue date with prison ID card for dup/renewal of existing ID or Driver License. If license is expired over 1 year testing is required.

ALASKA BIRTH CERTIFICATE REQUEST FORM INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY.

Incomplete applications or applications that do not include proper photo identification will be returned unprocessed.

- A person may obtain only his or her own birth certificate, except for parents who may obtain their own child's certificate.
- A birth certificate can also be furnished to a legal guardian, a legal representative, or to a person who provides documentation showing the birth certificate is needed for the determination of property rights. A legal guardian must submit a certified copy of the guardianship papers granted by the court when requesting a birth certificate. If you are a legal representative, include a letter stating whom you represent and how you are related to the person named on the record.
- Use the full first, middle, and last names as they appear on the certificate when filling out the request form.
- We can only process requests for births that occurred in Alaska. For births that occurred outside of Alaska, requests must be sent directly to the appropriate state.
- ALL REQUESTS MUST INCLUDE A COPY OF GOVERNMENT-ISSUED PICTURE ID OF THE PERSON REQUESTING THE BIRTH RECORD. For example, if you are requesting your child's certificate you should include a copy of your own ID. **Enlarge the copy and lighten it as much as possible to ensure it is clear and readable when sent to the Bureau, ESPECIALLY IF YOU ARE FAXING YOUR REQUEST. REQUESTS WITH DARK OR UNCLEAR COPIES OF IDs WILL BE RETURNED UNPROCESSED. Your signature under the copied ID is also required.**

The following are acceptable for identification purposes:

- A driver's license or official identification card issued by another state in the U.S., jurisdiction or territory, unexpired, or expired for not more than one year; an unexpired U.S. or foreign passport; U.S. military identification, military dependent identification or veteran's identification.
- If you are currently living in Alaska, a BIA or tribal identification card will also be accepted.

If you are unable to provide any of the above-mentioned forms of identification, please contact the Alaska Bureau of Vital Statistics at 907.465.3391 to speak with a customer service representative.

SUBMITTING YOUR REQUEST:

- Print and complete the request form and mail it or fax it to our office.
- Walk-in service is also available in Anchorage, Fairbanks, or Juneau. Please check our web site (www.hss.state.ak.us/dph/bvs/contacts/) for office hours and location.
- Vital records requests contain confidential information. Therefore, we highly recommend you mail or fax your request. E-mail, although convenient, is not secure and subject to fraud.
- Remember to sign your request and enclose the correct fees as well as a copy of picture ID.
- Expedited (Rush) requests may only be submitted by fax. Please fax your rush request to 907.465.3618.
- If faxing, call the Alaska Bureau of Vital Statistics to confirm receipt at 907.465.3391 Monday-Friday, 8 a.m. - 4 p.m. Alaska time.

PROCESSING TIMES:

- Requests sent by regular mail will normally be processed within 2 -3 weeks after receipt by the Bureau.
- Heirloom requests are normally processed within 4 -6 weeks after receipt by the Bureau. Note that most governmental agencies do not accept heirloom certificates as proof of birth.
- Expedited (Rush) requests submitted with credit card payment will normally be processed within 3 working days after receipt. Expedited requests must be faxed to our office. Note that there is no overnight express delivery to or from Alaska. Express delivery takes at least two days each way. As noted above, expedited service is not available for heirloom requests.
- Normal processing times can be greater during periods of high volume. Please plan accordingly and allow for mailing time.

FEES:

- Alaska charges a search fee for records. Once an order is received and processed, the first $25 record search fee is not refundable. If you order multiple copies and no record is found, the fees for the extra copies will be refunded.
- The first copy of a certificate is $25.00 and additional copies are $20 for each copy of the same record ordered at the same time. The first copy of an heirloom certificate is $50.00 and extra copies are $45 for each copy of the same record ordered at the same time.
- **Records requiring an Apostille:** Birth Certificates requiring authentication for a foreign country have additional fees. The additional charge is $12.00 for the first record, with $2.00 added for each additional copy of the same record. This includes the $2.00 fee for the Lt. Governor's office. The country that the record is being sent to must be noted on your request.
- All NSF checks will be sent to a collection agency. There will be a $30.00 charge for returned checks.
- Expedited (Rush) service requires an additional $11.00 fee. Orders may be processed by completing the request form and faxing it to the Bureau of Vital Statistics. Please do not mail expedited requests to our office.
- Faxed requests require an $11.00 handling fee. All faxed requests receive expedited (rush) processing.
- Orders may also be accepted online at: **www.vitalchek.com.** You will be required to fax identification and the VitalChek authorization form to our office

CONTACT INFORMATION:

- For additional information on obtaining Alaska Vital Records, please contact the Records Processing Unit in Juneau at 907.465.3391.

(Rev. 11/10)

STATE OF ALASKA
BIRTH CERTIFICATE REQUEST FORM

Reset Form | Print Form

- You may type directly on this form and print it or you may print the form first and then complete it by hand. If you enter the ordering information in this form the fees and shipping charges will automatically be calculated.
- If completed by hand, be sure that all information is printed neatly and is legible.
- **Expedited (Rush) requests must be faxed to 907.465.3618 for processing**. Do not mail expedited requests. Please call 907.465.3391 Monday-Friday, 8 a.m. to 4 p.m. Alaska time, to confirm the receipt of your fax.
- **Faxed requests require an $11.00 handling fee. All faxed requests receive expedited (rush) processing.**
- Please read the instructions on the previous page. **Incomplete or inaccurate requests or requests that do not include a copy of a government-issued ID with a signature below the ID will be returned unprocessed.**

FULL First, Middle, and Last Name on the Birth Certificate: _____

Date of Birth: _____ City or Village of Birth: _____

Mother's **FULL** name before she was first married: _____

Father's **FULL** name: _____

Purpose of the request: _____
(Personal Records, Legal Purposes, Inheritance/Estate Settlement, Govt. Assistance/Benefits, Insurance/Pension, Retirement, etc.)

Your Relationship to the Child Named on the Record: _____
(Self, mother, father, legal representative, etc.)

Signature of the Person Requesting the Record: _____ Contact Phone Number: _____

Mail this form with a money order, a check, or credit card information. Checks must be preprinted with your name and address. Please note there is a $30.00 NSF fee for returned checks. Expedited (Rush) requests must be faxed to 907.465.3618 for processing.

Make Checks Payable to:
Bureau of Vital Statistics
P.O. Box 110675
Juneau, AK 99801-0675

Phone: (907) 465-3391
Fax: (907) 465-3618

# Copies	You may enter the ordering information in this form and the fees and shipping charges will automatically be calculated.	**Amount**
_____	**Birth Certificates: $25 first copy; $20 each additional copy**	_____
_____	**Apostille fee (please see instructions for fees)**	_____
	Country needed for: _____	
_____	**Heirloom Certificates: $50 first copy; $45 each additional copy**	_____
	Heirloom Certificate Selected:	
	◯ **Rie Muñoz, "The Embrace"**	
	◯ **Jon Van Zyle, "Polar Bears"**	
	◯ **Faxed Requests* or Expedited (Rush) Service* (Add $11.00)**	_____
	***Does not include shipping fees.**	

Ship by:	◯ **Regular Mail (no additional fee)**	
	◯ **Priority Mail (Add $4.90)**	_____
(Call our office for shipping rates outside the U.S)	◯ **Express Mail (Add $18.30)**	_____
	◯ **FedEx (No PO Box / Add $18.50)**	_____
	Total	_____

Credit Card Information (When paying by credit card)

Name on credit card: _____

Billing address: _____

Number: _____ **Expiration date:** _____

Visa ◯ **MasterCard** ◯ **Discover** ◯

Cardholder signature (required): _____

PLEASE ENTER YOUR MAILING ADDRESS BELOW. DO NOT DETACH.

Name: _____

Street: _____

City, State, Zip _____

(Rev. 11/10)

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security Card for a child under age 18, you MUST show the mother's and father's Social Security numbers unless the mother and/or father was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to https://secure.ssa.gov/apps6z/FOLO/fo001.jsp to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995 . You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1 NAME TO BE SHOWN ON CARD — First | Full Middle Name | Last

FULL NAME AT BIRTH IF OTHER THAN ABOVE — First | Full Middle Name | Last

OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD

2 Social Security number previously assigned to the person listed in item 1 → ___ - ___ - ____

3 PLACE OF BIRTH (Do Not Abbreviate) City _____ State or Foreign Country

Office Use Only — FCI

4 DATE OF BIRTH MM/DD/YYYY

5 CITIZENSHIP (Check One)
- ☐ U.S. Citizen
- ☐ Legal Alien Allowed To Work
- ☐ Legal Alien **Not** Allowed To Work(See Instructions On Page 3)
- ☐ Other (See Instructions On Page 3)

6 ETHNICITY
Are You Hispanic or Latino? (Your Response is Voluntary)
- ☐ Yes
- ☐ No

7 RACE
Select One or More (Your Response is Voluntary)
- ☐ Native Hawaiian
- ☐ American Indian
- ☐ Other Pacific Islander
- ☐ Alaska Native
- ☐ Black/African American
- ☐ White
- ☐ Asian

8 SEX →
- ☐ Male
- ☐ Female

9 A. MOTHER'S NAME AT HER BIRTH → First | Full Middle Name | Last Name At Her Birth

B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) → ___ - ___ - ____ ☐ Unknown

10 A. FATHER'S NAME → First | Full Middle Name | Last

B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) → ___ - ___ - ____ ☐ Unknown

11 Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?
- ☐ Yes (If "yes" answer questions 12-13)
- ☐ No
- ☐ Don't Know (If "don't know," skip to question 14.)

12 Name shown on the most recent Social Security card issued for the person listed in item 1 → First | Full Middle Name | Last Name

13 Enter any different date of birth if used on an earlier application for a card → MM/DD/YYYY

14 TODAY'S DATE MM/DD/YYYY

15 DAYTIME PHONE NUMBER Area Code _____ Number _____

16 MAILING ADDRESS (Do Not Abbreviate) →
Street Address, Apt. No., PO Box, Rural Route No.
City | State/Foreign Country | ZIP Code

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.

17 YOUR SIGNATURE →

18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:
- ☐ Self
- ☐ Natural Or Adoptive Parent
- ☐ Legal Guardian
- ☐ Other Specify _____

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN	DOC	NTI	CAN	ITV

PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT

EVIDENCE SUBMITTED

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW
DATE
DCL DATE

Application MUST be printed on one piece of paper. Applications printed on two pieces of paper are unacceptable.

APPLICATION FOR ALASKA DRIVER LICENSE, PERMIT OR IDENTIFICATION CARD

Complete the application in FULL. Print on one piece of paper. Circle all YES or NO answers. WAIT to sign in front of a DMV representative.

INSTRUCTIONS: (Application must be completed in black or blue INK. Please print.)

- If you are applying for an original Alaska permit, license or state identification card, you must present proof of the following: Legal name, date of birth, principal residence address, and social security number (card or letter from Social Security Administration).
- A CDL Application (Form 415) is required in addition to this form to obtain an original or renewal of a **CDL or CDL permit**.

FULL LEGAL NAME:	First	Middle	Last	Suffix

ALASKA license, permit or ID number, if applicable.	Date of Birth (If under 18, see reverse.)	Sex	Height	Weight	Hair Color	Eye Color

PLACE OF BIRTH:	City	State	Country (If other than USA)	Social Security No. (AS 28.15.061)

Mailing Address (This address will appear on the license, permit or ID unless you notify us otherwise.)	City	State	Zip Code

Residence Address (Physical location – no PO Box or Mail Cache addresses.)	City	State	Zip Code

Would you like to register to vote in Alaska or update (name, address, party) your current Alaska voter registration? **YES** **NO**

Are you a United States Citizen? **YES** **NO**

Do you want to sign up or continue to be an organ and tissue donor? **YES** **NO**

Would you like to donate $1.00 or more to the organ donor program? **YES** **NO** **Please enter the donation amount, if applicable.** **$**

Print the application. Circle YES or NO for ALL questions. Answer any follow-up questions that apply.

To obtain a **state identification card**, answer question 1. To obtain **any type of permit or license**, answer questions 1 – 6.

1. Have you ever been known by another name? (Marriage, court, or alias) If YES, please list all previous name(s): **YES** **NO**

2. Have you ever been licensed as a driver in another state? If YES, list the name of **ALL** the states where you have been licensed. **YES** **NO**

   Previous State(s):

   Previously issued license/permit must be surrendered before issuance in Alaska. If you have lost your license/permit, you may be required to obtain a driving record from the previous state before an Alaska license/permit can be issued. 2 AAC 90.420 (h)

3. Has your license or driving privilege ever been suspended, revoked, denied, disqualified, or cancelled, or is there a pending action? **YES** **NO**

   If YES, is the suspension, revocation, denial, disqualification, or cancellation still in effect? Yes No

   NOTE: *You must meet all reinstatement requirements before a license/permit can be issued to you. AS 28.15.211*

4. Do you have any physical impairments **other than** corrective lenses? If YES, describe: **YES** **NO**

5. Within the past five years have you suffered from a seizure disorder, heart trouble, paralysis, fainting, loss of consciousness, dizzy spell(s), mental disorder, or other health problems that might impair your driving? If YES, list the type of disorder(s) and date(s). **YES** **NO**

   Disorder(s) / date(s):

   Are all condition(s) under control? Yes No

   If you have had a seizure or episode of loss of conscious control within the past six months, a license/permit cannot be issued to you. If you have suffered from any of the health problems listed above, a doctor's statement may be required indicating that the condition is under control and that you can safely operate a motor vehicle. In addition, the statement must indicate that you have not had a seizure or loss of consciousness within the past six months. 2 AAC 90.440

   Doctor's letter provided? Yes No

6. Within the past 5 years have you been committed to or admitted to a hospital or institution for alcoholism or drug addiction? **YES** **NO**

   If YES, were you: ☐ self-committed or ☐ court ordered

   If you answered YES to question 6, select a box to the left.

   If court ordered, do you have a letter from the treatment facility? Yes No

I certify under penalty of law that all statements above are true and correct.

X _____ _____

Signature of Applicant **(Sign in front of a DMV Representative)** Date AMVC ID / Office Number

Form 478 (Rev. 01/2010)

Alaska.gov/dmv

DO NOT WRITE IN THIS AREA.
All applications must be printed on one piece of paper.
(Front & Back)

Parent/Guardian Consent for a Minor

Before a license or permit can be issued to an applicant under the age of 18, the applicant's parent or legal guardian must complete this section, in full, and sign in the space provided. **A DMV representative must witness the signature.**

By authorizing issuance of a license or permit, you, as the parent or legal guardian, are liable for damages caused by the negligence or willful misconduct of the minor when driving a motor vehicle. You agree to assume full financial responsibility for the minor until the minor reaches 18 years of age. (Alaska Statute 28.15.071) You may file a written request with the Division to cancel the license/permit.

In order to upgrade from an Instruction Permit (IP or IM) to a Provisional license (D or M1), the applicant must have held the permit for a minimum of six months with no driving convictions.

To graduate to a regular license, an additional six months of conviction-free driving is required. The applicant cannot have a repeat minor consuming offense within the six-month time frame prior to issuance of the license. Until a regular license is issued, or the applicant reaches the age of 18, provisional restrictions will be enforced.

Please ***initial*** next to the type of license/permit you are giving your consent for the minor to obtain.

_____ Alaska Driver Instruction Permit (Class IP)

_____ Alaska Motorcycle/Motor-Driven Cycle Instruction Permit (IM)

_____ Alaska **Provisional*** Driver License (Class D)

_____ Alaska **Provisional*** Motorcycle License (Class M1)

_____ Alaska Driver License (Class D)

_____ Alaska Motorcycle License (Class M1)

_____ Alaska Motor-Driven Cycle Permit (Class M2)

_____ Alaska Commercial Instruction Permit (Class IA, IB or IC)

By signing below, I agree to the terms and conditions stated above. *If upgrading from a permit to a provisional license, I further certify that the applicant has had at least 10 hours of driving experience in inclement weather (snow, ice, rain, darkness, etc.), for a total of 40 hours driving experience.

Circle after printing.

Printed Name of Parent or Guardian Legal Name (First, Middle, Last, Suffix)

Mother Father Other (Specify)
Relationship to Applicant

Name of Applicant (Minor)

Parent or Guardian Driver License Number

State of Issue

X

Parent or Guardian Signature **(Sign in front of a DMV representative.)**

AMVC ID / Office Number

FOR DIVISION USE ONLY **(Scores valid for one year. Tests MUST be verified in STAR prior to issuance.)**

For: Original Duplicate Renewal Reinstate **Type:** ID A B C D M1 M2 IM IA IB IC IE IP

	Knowledge Test	Motorcycle	School Bus	Alcohol/ Drugs	Road Test(s)	License Checks ELG / Verified
Score						**Initial** each after you have verified the information.
Date						CDLIS
Office						PDPS
AMVC						SSOLV
Examiner						STAR

Vision Test Results

A person who is blind in one eye must submit a vision waiver to obtain an Interstate CDL.

Without: Left _____ Right _____

If the applicant passed the test with corrective lenses, a restriction 1 is required.

With: Left _____ Right _____

Vision of 20/200 or worse in either eye requires a restriction 2. (Passenger rearview mirror)

When an interpreter is used for any portion of a non-CDL test, Form 478a must be attached.

BIRTH & LEGAL NAME:

Alaska License or Permit

Alaska State ID Card

US Birth Certificate

US or Canadian Passport

Active Duty or Retired Military ID Card

Foreign Passport with ICE Document

SSN PROOF:

SS Card SSA Letter

Other:

NAME CHANGE PROOF:

Marriage Certificate Court Order

Divorce Decree Certificate of Naturalization

OTHER:

LICENSE / PERMIT / ID CARD:

Surrendered? YES NO

License Number State of Issue

NEW Number Issued

PROOF OF RESIDENCE:

PAYMENT TYPE

CA CC CK

FEE AMOUNT: _____

DONATION AMT: _____

BATCH NO: _____

BATCH DATE: _____

PROCESSED BY: AMVC

EQUIFAX experian TransUnion

Annual Credit Report Request Form

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies - Equifax, Experian and TransUnion.

For instant access to your free credit report, visit www.annualcreditreport.com.

For more information on obtaining your free credit report, visit www.annualcreditreport.com or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies. The following information is required to process your request. **Omission of any information may delay your request.**

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to:
Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples listed below:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Social Security Number: ___ - ___ - ____

Date of Birth: ___ / ___ / ____
Month / Day / Year

Fold Here — Fold Here

First Name _____ **M.I.** _

Last Name _____ **JR, SR, III, etc.** ___

Current Mailing Address:

House Number _____ **Street Name** _____

Apartment Number / Private Mailbox _____ **For Puerto Rico Only: Print Urbanization Name** _____

City _____ **State** __ **ZipCode** _____

Previous Mailing Address (complete only if at current mailing address for less than two years):

House Number _____ **Street Name** _____

Fold Here — Fold Here

Apartment Number / Private Mailbox _____ **For Puerto Rico Only: Print Urbanization Name** _____

City _____ **State** __ **ZipCode** _____

Shade Circle Like This → ●

Not Like This → ⊗ ⊘

I want a credit report from (shade each that you would like to receive):

- ◯ **Equifax**
- ◯ **Experian**
- ◯ **TransUnion**

◯ **Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your Social Security Number.**

If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.

Your request will be processed within 15 days of receipt and then mailed to you.

31238

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Instructions for Form 8850

(Rev. August 2009)

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

Department of the Treasury
Internal Revenue Service

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

- The targeted group for Hurricane Katrina employees has been extended to cover certain employees hired after August 27, 2007, and before August 28, 2009.
- For certain veterans who begin work after 2008 and before 2011, a new targeted group has been added for certain unemployed veterans who were discharged or released from active duty in the U.S. Armed Forces during the 5-year period ending on the hiring date and received unemployment compensation for at least 4 weeks during the 1-year period ending on the hiring date. For details, see page 2.
- For individuals who begin work after 2008 and before 2011, a new targeted group has been added for disconnected youth. For details, see page 2.
- For unemployed veterans and disconnected youth (discussed above) hired before September 17, 2009, employers are required to file Form 8850 with the SWA no later than October 17, 2009.
- The food stamp program has been renamed the Supplemental Nutrition Assistance Program (SNAP).
- Parts of Washington, DC will continue to be treated as an empowerment zone until the end of 2009. See page 3.

Purpose of Form

Employers use Form 8850 to pre-screen and to make a written request to their state workforce agency (SWA) (unless the employee checks only the Hurricane Katrina employee box) to certify an individual as a member of a targeted group for purposes of qualifying for the work opportunity credit.

Submitting Form 8850 to the SWA (unless the employee checks only the Hurricane Katrina employee box) is but one step in the process of qualifying for the work opportunity credit. The state work opportunity tax credit (WOTC) coordinator for the SWA must certify the job applicant is a member of a targeted group. After starting work, the employee must meet the minimum number-of-hours-worked requirement for the work opportunity credit. The employer elects to take the credit by filing Form 5884, Work Opportunity Credit.

CAUTION *The certification requirements described above do not apply to Hurricane Katrina employees. For an employer of a Hurricane Katrina employee, this form is used to accept reasonable evidence that the worker is a Hurricane Katrina employee. It is the employer's responsibility to ascertain that the place where the employee lived on August 28, 2005, (the address on line 1 of the form) is in fact in the Gulf Opportunity Zone (core disaster area) (see page 3 for a list of these areas). The employer is not required to ask employees to furnish any documentary evidence.*

Who Should Complete and Sign the Form

The job applicant gives information to the employer on or before the day a job offer is made. This information is entered on Form 8850. Based on the applicant's information, the employer determines whether or not he or she believes the applicant is a member of a targeted group (as defined under Members of Targeted Groups). If the employer believes the applicant is a member of a targeted group, the employer completes the rest of the form no later than the day the job offer is made. Both the job applicant and the employer must sign Form 8850 no later than the date for submitting the form to the SWA.

Instructions for Employer

When and Where to File

Do not file Form 8850 with the Internal Revenue Service. Instead, if required, file it with your SWA no later than the 28th day after the job applicant begins work for you (by October 17, 2009, for unemployed veterans or disconnected youth hired after 2008 and before September 17, 2009). Although electronic filing of Form 8850 is permitted, at the time these instructions were published, Alabama and Colorado were the only states equipped to receive Form 8850 electronically. See Announcement 2002-44 for details. You can find Announcement 2002-44 on page 809 of Internal Revenue Bulletin 2002-17 at *www.irs.gov/pub/irs-irbs/irb02-17.pdf*.

To get the name, address, phone and fax numbers, and email address of the WOTC coordinator for your state, visit the Department of Labor Employment and Training Administration (ETA) website at *www.doleta.gov/business/Incentives/opptax*.

CAUTION *Never attach Form 8850 to a tax return or otherwise send it to the IRS, regardless of the employee's targeted group. Form 8850 should be filed with the SWA unless the employee checks only the Hurricane Katrina employee box, in which case the employer should keep the Form 8850 for its records.*

Additional Requirements for Certification

In addition to filing Form 8850, you must complete and send to your state WOTC coordinator either:

- ETA Form 9062, Conditional Certification Form, if the job applicant received this form from a participating agency (e.g., the Jobs Corps), or
- ETA Form 9061, Individual Characteristics Form, if the job applicant did not receive a conditional certification.

You can get ETA Form 9061 from your local public employment service office or you can download it from the ETA website at *www.doleta.gov/business/Incentives/opptax*.

Recordkeeping

Keep copies of Forms 8850, any transmittal letters that you submit to your state WOTC coordinator, and certification letters you receive from your WOTC coordinator as long as they may be needed for the administration of the provisions relating to the work opportunity credit. Records that support the credit usually must be kept for 3 years from the date any income tax return claiming the credit is due or filed, whichever is later.

Members of Targeted Groups

A job applicant may be certified as a member of a targeted group if he or she is described in one of the following groups.

1. **Qualified IV-A recipient.** An individual who is a member of a family receiving assistance under a state plan approved under part A of title IV of the Social Security Act relating to Temporary Assistance for Needy Families (TANF). The assistance must be received for any 9 months during the 18-month period ending on the hiring date.

2. **Qualified veteran.** A veteran who is any of the following.

- A member of a family receiving assistance under the Supplemental Nutrition Assistance Program (SNAP) (food stamps) for at least a 3-month period during the 15-month period ending on the hiring date.
- Entitled to compensation for a service-connected disability and is hired not more than 1 year after being discharged or released from active duty in the U.S. Armed Forces.
- Entitled to compensation for a service-connected disability and was unemployed for a period or periods totaling at least 6 months (whether or not consecutive) in the 1-year period ending on the hiring date.

Note. Requesting the information in box 4 of Form 8850 is an exception to the Americans with Disabilities Act's prohibition on pre-offer disability-related inquiries. The purpose of this request is to support the hiring of certain disabled veterans, which will entitle the employer to a larger work opportunity credit than the hiring of other targeted group members.

To be considered a veteran, the applicant must:

- Have served on active duty (not including training) in the Armed Forces of the United States for more than 180 days or have been discharged or released from active duty for a service-connected disability, and
- Not have a period of active duty (not including training) of more than 90 days that ended during the 60-day period ending on the hiring date.

3. **Qualified ex-felon.** An ex-felon who has been convicted of a felony under any federal or state law, and is hired not more than 1 year after the conviction or release from prison for that felony.

4. **Designated community resident.** An individual who is at least age 18 but not yet age 40 on the hiring date and lives within an empowerment zone, renewal community, or rural renewal county (defined later).

5. **Vocational rehabilitation referral.** An individual who has a physical or mental disability resulting in a substantial handicap to employment and who was referred to the employer upon completion of (or while receiving) rehabilitation services by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.

6. **Summer youth employee.** An individual who:

- Performs services for the employer between May 1 and September 15,
- Is at least age 16 but not yet age 18 on the hiring date (or if later, on May 1),
- Has never worked for the employer before, and
- Lives within an empowerment zone or renewal community.

7. **Recipient of SNAP benefits (food stamps).** An individual who:

- Is at least age 18 but not yet age 40 on the hiring date, and
- Is a member of a family that:

a. Has received SNAP benefits for the 6-month period ending on the hiring date, or

b. Is no longer eligible for such assistance under section 6(o) of the Food Stamp Act of 1977, but the family received SNAP benefits for at least 3 months of the 5-month period ending on the hiring date.

8. **SSI recipient.** An individual who is receiving supplemental security income benefits under title XVI of the Social Security Act (including benefits of the type described in section 1616 of the Social Security Act or section 212 of Public Law 93-66) for any month ending during the 60-day period ending on the hiring date.

9. **Long-term family assistance recipient.** An individual who is a member of a family that:

- Has received TANF payments for at least 18 consecutive months ending on the hiring date, or
- Receives TANF payments for any 18 months (whether or not consecutive) beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
- Stopped being eligible for TANF payments because federal or state law limits the maximum period such assistance is payable and the individual is hired not more than 2 years after such eligibility ended.

10. **Hurricane Katrina employee.** A Hurricane Katrina employee is a person who, on August 28, 2005, had a main home in the Gulf Opportunity (GO) Zone (core disaster area) and, during a 4-year period beginning on this date, is hired to perform services principally in the GO Zone. Certification does not apply to this group.

11. **Unemployed veteran.** A veteran hired after 2008 and before 2011 who:

- Has been discharged or released from active duty in the U.S. Armed Forces at any time during the 5-year period ending on the hiring date, and
- Received unemployment compensation under state or federal law for at least 4 weeks during the 1-year period ending on the hiring date.

To be considered a veteran, the applicant must have served on active duty (not including training) in the Armed Forces of the United States for more than 180 days or have been discharged or released from active duty for a service-connected disability.

12. **Disconnected youth.** An individual hired after 2008 and before 2011 who:

- Is at least age 16 but not yet age 25 on the hiring date;
- During the past 6 months, has not attended or has not regularly attended any secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacation;
- During each consecutive 3-month period within the past 6 months, was not employed or was employed and earned an amount less than he or she would have earned working for the applicable minimum wage 30 hours every week during the 3-month period; and
- Does not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** has a certificate that was awarded at least 6 months ago and he or she has not held a job (other than occasionally) or been admitted to a technical or post-secondary school since receiving the certificate.

"Minimum wage" means the higher of the federal minimum wage (as defined in 29 U.S.C. 206(a)(1)) or the generally applicable state minimum wage (if any).

"Secondary school" means an institutional day or residential school, including a public secondary charter school, that provides secondary education, as determined under state law, except that the term does not include any education beyond grade 12. A General Education Development (GED) program is not a secondary school for this purpose.

The terms "technical school" and "post-secondary school" mean institutions of higher education as defined in 20 U.S.C. 1001; 1002(a)(1), (b), and (c); and 1059c(b)(3).

Member of a Family

With respect to the qualified IV-A recipient, qualified veteran, recipient of SNAP benefits (food stamps), and long-term family assistance recipient, an individual whose family receives assistance for the requisite period meets the family assistance requirement of the applicable group if the individual is included on the grant (and thus receives assistance) for some portion of the specified period.

Gulf Opportunity (GO) Zone (Core Disaster Area)

The GO Zone (also called the core disaster area) covers the portion of the Hurricane Katrina disaster area determined by the Federal Emergency Management Agency (FEMA) to be eligible for either individual only or both individual and public assistance from the Federal Government. The GO Zone covers the following areas in three states.

Alabama. The counties of Baldwin, Choctaw, Clarke, Greene, Hale, Marengo, Mobile, Pickens, Sumter, Tuscaloosa, and Washington.

Louisiana. The parishes of Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana.

Mississippi. The counties of Adams, Amite, Attala, Choctow, Claiborne, Clarke, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Holmes, Humphreys, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Lowndes, Madison, Marion, Neshoba, Newton, Noxubee, Oktibbeha, Pearl River, Perry, Pike, Rankin, Scott, Simpson, Smith, Stone, Walthall, Warren, Wayne, Wilkinson, Winston, and Yazoo.

Empowerment Zones

The following paragraphs describe current designations of empowerment zones. The designations will generally remain in effect until the end of 2009.

Urban areas. Parts of the following urban areas are empowerment zones. You can find out if your business or an employee's residence is located within an urban empowerment zone by using the RC/EZ/EC Address Locator at *www.hud.gov/crlocator* or by calling 1-800-998-9999.

- Pulaski County, AR
- Tucson, AZ
- Fresno, CA
- Los Angeles, CA (city and county)
- Santa Ana, CA
- New Haven, CT
- Jacksonville, FL
- Miami/Dade County, FL
- Chicago, IL
- Gary/Hammond/East Chicago, IN
- Boston, MA
- Baltimore, MD
- Detroit, MI
- Minneapolis, MN
- St. Louis, MO/East St. Louis, IL
- Cumberland County, NJ
- New York, NY
- Syracuse, NY
- Yonkers, NY
- Cincinnati, OH
- Cleveland, OH
- Columbus, OH
- Oklahoma City, OK
- Philadelphia, PA/Camden, NJ
- Columbia/Sumter, SC
- Knoxville, TN
- El Paso, TX
- San Antonio, TX
- Norfolk/Portsmouth, VA
- Huntington, WV/Ironton, OH

Washington, DC. Under section 1400, parts of Washington, DC, are treated as an empowerment zone. This treatment will generally remain in effect until the end of 2009. For details, use the RC/EZ/EC Address Locator at *www.hud.gov/crlocator* or see Notice 98-57 on page 9 of Internal Revenue Bulletin 1998-47 at *www.irs.gov/pub/irs-irbs/irb98-47.pdf.*

Rural areas. Parts of the following rural areas are empowerment zones. You can find out if your business or an employee's residence is located within a rural empowerment zone by using the RC/EZ/EC Address Locator at *www.hud.gov/crlocator* or by calling 1-800-998-9999.

- Desert Communities, CA (part of Riverside County)
- Southwest Georgia United, GA (part of Crisp County and all of Dooly County)
- Southernmost Illinois Delta, IL (parts of Alexander and Johnson Counties and all of Pulaski County)
- Kentucky Highlands, KY (part of Wayne County and all of Clinton and Jackson Counties)
- Aroostook County, ME (part of Aroostook County)
- Mid-Delta, MS (parts of Bolivar, Holmes, Humphreys, Leflore, Sunflower, and Washington Counties)
- Griggs-Steele, ND (part of Griggs County and all of Steele County)
- Oglala Sioux Tribe, SD (parts of Jackson and Bennett Counties and all of Shannon County)
- Middle Rio Grande FUTURO Communities, TX (parts of Dimmit, Maverick, Uvalde, and Zavala Counties)
- Rio Grande Valley, TX (parts of Cameron, Hidalgo, Starr, and Willacy Counties)

Renewal Communities

Parts of the following areas are designated as renewal communities. The designations will generally remain in effect until the end of 2009. You can find out if your business or an employee's residence is located within a renewal community by using the RC/EZ/EC Address Locator at *www.hud.gov/crlocator* or by calling 1-800-998-9999.

- Greene-Sumter County, AL
- Mobile County, AL
- Southern Alabama
- Los Angeles, CA
- Orange Grove, CA
- Parlier, CA
- San Diego, CA
- San Francisco, CA

- Atlanta, GA
- Chicago, IL
- Eastern KY
- Central Louisiana
- New Orleans, LA
- Northern Louisiana
- Ouachita Parish, LA
- Lawrence, MA
- Lowell, MA
- Detroit, MI
- Flint, MI
- West Central Mississippi
- Turtle Mountain Band of Chippewa, ND
- Camden, NJ
- Newark, NJ
- Buffalo-Lackawanna, NY
- Jamestown, NY
- Niagara Falls, NY
- Rochester, NY
- Schenectady, NY
- Hamilton, OH
- Youngstown, OH
- Philadelphia, PA
- Charleston, SC
- Chattanooga, TN
- Memphis, TN
- Corpus Christi, TX
- El Paso County, TX
- Burlington, VT
- Tacoma, WA
- Yakima, WA
- Milwaukee, WI

Rural Renewal Counties

A rural renewal county is a county in a rural area that lost population during the 5-year periods 1990 through 1994 and 1995 through 1999. Rural renewal counties are listed below.

Alabama. The counties of Butler, Dallas, Macon, Perry, Sumter, and Wilcox.

Alaska. The census areas of Aleutians West, Wrangell-Petersburg, and Yukon-Koyukuk.

Arkansas. The counties of Arkansas, Chicot, Clay, Desha, Jackson, Lafayette, Lee, Little River, Monroe, Nevada, Ouachita, Phillips, Union, and Woodruff.

Colorado. The counties of Cheyenne, Kiowa, and San Juan.

Georgia. The counties of Randolph and Stewart.

Illinois. The counties of Alexander, Edwards, Franklin, Gallatin, Greene, Hancock, Hardin, Jasper, Knox, McDonough, Montgomery, Pulaski, Randolph, Richland, Scott, Warren, Wayne, and White.

Indiana. Perry County.

Iowa. The counties of Adair, Adams, Appanoose, Audubon, Butler, Calhoun, Cass, Cherokee, Clay, Clayton, Emmet, Floyd, Franklin, Fremont, Hancock, Humboldt, Ida, Keokuk, Kossuth, Montgomery, Osceola, Palo Alto, Pocahontas, Poweshiek, Sac, Taylor, Union, Wayne, Winnebago, and Worth.

Kansas. The counties of Atchison, Barber, Barton, Brown, Clay, Cloud, Comanche, Decatur, Edwards, Elk, Ellsworth, Gove, Graham, Greeley, Greenwood, Harper, Hodgeman, Jewell, Kiowa, Labette, Lane, Lincoln, Marshall, Mitchell, Montgomery, Ness, Osborne, Phillips, Rawlins, Republic, Rooks, Rush, Russell, Scott, Sheridan, Sherman, Smith, Stafford, Trego, Wallace, Washington, Wichita, and Woodson.

Kentucky. The counties of Bell, Caldwell, Floyd, Harlan, Hickman, Leslie, Letcher, Pike, and Union.

Louisiana. The parishes of Bienville, Claiborne, Franklin, Jackson, Morehouse, St. Mary, Tensas, Vernon, and Webster.

Maine. The counties of Aroostook and Piscataquis.

Michigan. The counties of Gogebic, Marquette, and Ontonagon.

Minnesota. The counties of Big Stone, Chippewa, Cottonwood, Faribault, Jackson, Kittson, Koochiching, Lac Qui Parle, Lincoln, Marshall, Martin, Murray, Norman, Pipestone, Red Lake, Redwood, Renville, Stevens, Traverse, Wilkin, and Yellow Medicine.

Mississippi. The counties of Adams, Coahoma, Humphreys, Montgomery, Quitman, Sharkey, Tallahatchie, and Washington.

Missouri. The counties of Atchison, Carroll, Chariton, Clark, Holt, Knox, Mississippi, New Madrid, Pemiscot, and Worth.

Montana. The counties of Carter, Daniels, Dawson, Deer Lodge, Fallon, Garfield, Hill, Liberty, McCone, Petroleum, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Valley, and Wibaux.

Nebraska. The counties of Antelope, Banner, Boone, Box Butte, Boyd, Burt, Cedar, Chase, Deuel, Dundy, Fillmore, Franklin, Garden, Garfield, Greeley, Hayes, Hitchcock, Holt, Jefferson, Johnson, Logan, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Red Willow, Richardson, Rock, Sheridan, Sherman, Thayer, Thomas, Valley, Webster, and Wheeler.

Nevada. The counties of Esmeralda, Lander, and Mineral.

New Hampshire. Coos County.

New Mexico. The counties of Harding and Quay.

New York. The counties of Clinton and Montgomery.

North Dakota. The counties of Adams, Barnes, Benson, Billings, Bottineau, Burke, Cavalier, Dickey, Divide, Dunn, Eddy, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McKenzie, McLean, Mercer, Mountrail, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Renville, Sargent, Sheridan, Slope, Stark, Steele, Stutsman, Towner, Traill, Walsh, Wells, and Williams.

Ohio. The counties of Crawford, Monroe, Paulding, Seneca, and Van Wert.

Oklahoma. The counties of Alfalfa, Beaver, Cimarron, Custer, Dewey, Ellis, Grant, Greer, Harmon, Harper, Kiowa, Major, Roger Mills, Seminole, Tillman, and Woodward.

Pennsylvania. The counties of Venango and Warren.

South Carolina. Marlboro County.

South Dakota. The counties of Aurora, Campbell, Clark, Day, Deuel, Douglas, Faulk, Grant, Gregory, Haakon, Hand, Harding, Hutchinson, Jones, Kingsbury, Marshall, McPherson, Miner, Perkins, Potter, Sanborn, Spink, Tripp, and Walworth.

Texas. The counties of Andrews, Bailey, Baylor, Borden, Briscoe, Brooks, Castro, Cochran, Coleman, Collingsworth, Cottle, Crane, Culberson, Deaf Smith, Dimmit, Eastland, Fisher, Floyd, Foard, Gray, Hall, Hardeman, Haskell, Hemphill, Hockley, Hutchinson, Kenedy, Kent, Knox, Lamb, Martin, McCulloch, Morris, Nolan, Oldham, Reagan, Reeves, Refugio, Roberts, Scurry, Stonewall, Terrell, Terry, Upton, Ward, Wheeler, Wilbarger, Winkler, Yoakum, and Zavala.

Virginia. The counties of Buchanan, Dickenson, Highland, and Lee and the independent cities of Clifton Forge, Covington, Norton, and Staunton.

West Virginia. The counties of Calhoun, Gilmer, Logan, McDowell, Mercer, Mingo, Summers, Tucker, Webster, Wetzel, and Wyoming.

Wyoming. The counties of Carbon and Niobrara.

Individual Characteristics Form (ICF)
Work Opportunity Tax Credit

U.S. Department of Labor
Employment and Training Administration

1. Control No. (For Agency use only)	**APPLICANT INFORMATION** **(See instructions on reverse)**	OMB No. 1205-0371 Expiration Date: November 30, 2011 2. Date Received (For Agency Use only)

EMPLOYER INFORMATION

3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)

APPLICANT INFORMATION

6. Applicant Name (Last, First, MI)	7. Social Security Number.	8. Have you worked for this employer before? Yes ____ No ____ **If YES,** enter last date of employment: _____

APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION

9. Employment Start Date	10. Starting Wage	11. Position

12. Are you at least age 16, but under age 40? Yes ___ No ___
If YES, enter your *date of birth* _____

13. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___
If NO, go to Box 14.
If YES, are you a member of a family that received SNAP (Food Stamps) benefits the 15 months for at least 3 months during before you were hired? Yes ___ No ___
If YES, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.
OR, are you a veteran entitled to compensation for a service-connected disability? Yes ___ No ___
If YES, were you discharged or released from active duty within the year before you were hired? Yes ___ No ___
OR, were you unemployed for a combined period of at least 6 months during the year before you were hired? Yes ___ No ___

14. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired? Yes ___ No___
OR, received SNAP benefits for at least a 3-month period within the last 5 months **But** you are no longer receiving them? Yes ___ No___
If YES to either question, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No___
OR, by an Employment Network under the Ticket to Work Program? Yes ___ No___
OR, by the Department of Veterans Affairs? Yes ___ No___

16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes___ No___
OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes___ No___
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes___ No___
If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes___No___
If YES, to any question, enter name of *primary recipient* _____ and
The *city and state* where benefits were received _____.

17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes___No___
If YES, enter *date of conviction* _____ and *date of release* _____.
Was this a Federal ____ or a State conviction_____? (Check one)

18. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community? Yes___ No ___
OR, in a Rural Renewal County (RRC)? Yes___No ___
If YES, enter *name of the RRC*: _____

19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes___ No___

20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes___ No___
OR were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes___ No___
If YES, where you discharged or released from active duty in the Armed forces at any time during the 5-year period ending on the hiring date? Yes___ No___
If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes___ No___

21. Are you at least age 16 but under age 25? Yes___ No___
If YES, did you **not** regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes___ No___
If YES were you not regularly employed during that 6-month period? Yes___ No___
If YES, were you not employable because you lacked basic skills? Yes___ No___

22. Sources used to document eligibility: (**Employers/Consultants:** List all documentation provided or forthcoming. **SWAs:** List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

23(a). Signature: (See instructions in Box 23b for who signs this signature block)	**23. (b)** Indicate with a ✓ who signed the form: ☐ Employer, ☐ Consultant, ☐ SWA, ☐ Participating Agency, ☐ Applicant, or ☐ Parent/Guardian (if applicant is a minor)	24. Date:

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or by 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-21. **Applicant Characteristics.** Read questions carefully, answer each question, and provide additional information where requested.

Box 22 **Sources to Document Eligibility.** The applicant or employer is requested to provide documentary evidence to substantiate the **YES answers** on **page 1.** List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. **Employers:** A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate Food Stamp agency stating to whom Food Stamp benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered **YES.**)

QUESTION 12[3]

- Birth Certificate
- Driver's License
- School I.D. Card[1]
- Work Permit[1]
- Federal/State/Local Gov't I.D.[1]
- Copy of Hospital Record of Birth

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- FL 21-802 (Issued ONLY by DVA. Certifies a Veteran with a service connected disability)
- UI claims records (for unemployed status)

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed Statement from Authorized Individual with Specific Description of the Months Benefits Were Received
- Case Number Identifier

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration
- Signed Statement from Authorized Individual With Specific Description of Months Benefits Received
- **For SWAs:** To determine *Ticket Holder* (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS to 703-683-1051 to verify if applicant: 1) is a TH, and 2) has an Individual Work Plan from and Employment Network.

QUESTION 17

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTION 18

- Driver's License
- Work Permit
- Utility Bills
- W-4
- Lease Papers or Landlord's Statement
- School[1] or Library Card[2]
- Voter Registration Card
- SNAP (Food Stamp) Award Letter
- Selective Service Registration Card
- Social Security Letter
- To determine if a Designated Community Resident lives in a RRC, visit the site: www.usps.com. **Click on** *Find Zip Code*; **Enter & Submit** *Address/Zip C*ode; **Click on** *Mailing Industry Information;* **Download and Print the Information,** then compare the county of the address to the list in the June 2007 Instructions to IRS 8850.

QUESTION 19

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

Notes. 1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.
2. Where a Library Card does not contain the holder's address another document, issued in the jurisdiction where the EZ/RC or RR County is located, must be obtained showing the holder's address.
3. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is no longer a valid piece of documentary evidence.**

QUESTION 20

- DD-214
- FL 21-802 (Issued ONLY by DVA. Certifies a Veteran with a service connected disability)
- Discharge Papers
- UI claims records (for unemployed status)

QUESTION 21

To determine age:
- Birth Certificate
- Driver's License
- Work Permit
- Copy of Hospital Record of Birth
- School I.D. Card/School Records
- Federal/State/Local Government I.D.

To determine youth has not regularly attended any secondary, technical or post secondary school:
- Self-Attestation
- Signed letter from parent/guardian (if minor)

To determine unemployed status during the 6-month period before hiring date:
- UI Wage Records

To determine unemployable status due to lack of basic skills:
- Self-Attestation that he/she has a High School (HS) or GED Certificate that was awarded no les than 6 months preceding his or her hiring date and has not held a job (other than occasionally) or been admitted to a technical school or post-secondary school since receiving the certificate.

Box 23. **Signature.** **The person who completes the form signs the signature block. Options:** (a) Employer or Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is a minor, the parent or guardian must sign).

Box 24: **Date.** Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

……✂……

(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM —OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM— WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA). ENTER THE SWA's NAME BELOW:

_____

_____

IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT, PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.

Form **8850**
(Rev. August 2009)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► See separate instructions.

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number ( ) -

If you are under age 40, enter your date of birth (month, day, year) / /

1 ☐ Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

_____

2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 ☐ Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  - **a** Received SNAP benefits (food stamps) for the past 6 months, **or**
  - **b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and,** for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 16 but **not** age 25 or older, **and:**
  - **a** During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
  - **b** During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
  - **c** I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability **and,** during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

5 ☐ Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► **Date** / /

For Employer's Use Only

Employer's name _____ Telephone no. (___) ___-_____ EIN ▶ __-_____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. (___) ___-_____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ ____

Date applicant:

Gave information ___/___/___ Was offered job ___/___/___ Was hired ___/___/___ Started job ___/___/___

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

☐ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ **Title** **Date** / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . .3 hrs., 16 min.
Learning about the law or the form . . . . . 46 min.
Preparing and sending this form to the SWA . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.