



FOOD BANK of ALASKA

COMPLETING THE SNAP APPLICATION

The State of Alaska application for SNAP (Food Stamps) and Medicaid is known as the Gen 50C can be found at as a paper copy from [a Division of Public Assistance Office](#) or [digitally](#).

Please make sure to read and answer all questions. If the question does not apply to your household, just write "N/A" in the blank so it is known that you read it but it does not apply.

Answer the questions as best as possible. Any questions that need further clarification will be addressed in the interview. The application gives a basic understanding of the household situation.

Page 7 – First Page of Application

- Check the boxes of the programs that you wish to apply for.
- Fill out all contact information for primary household member.
- A good phone number is essential as all interviews are being conducted over the phone at this time
- **MAKE SURE TO SIGN AND DATE THE BOTTOM OF THIS PAGE!** This page must be printed and signed.

Pages 8-11

- Page 8 is for the same primary household member whose name is on page 7.
- Fill out one page for each household member, a SNAP household member is anyone who buys and shares food together.
- If your household is larger than 4, please be sure to print off 2 applications to submit more household members
- #26 is asking if this household member needs to apply for health insurance.

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- Fill out job information for any household member who is currently employed.

Page 13

- #95 – Fill out if anyone is self-employed.
- #96 – Please make sure to answer this question!
- #97 – Check boxes and write down any additional monthly income for household members.
- #98 – Record any tax deductions.



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- #100 – Make sure to answer this question.
- Step 4 – Check yes if anyone in SNAP household is Alaska Native or American Indian.
- Step 5 – If any household members already have health insurance, please check yes and write their names next to the type of insurance.

Page 15

- #104 – Does anyone own property? If so, write down who owns it and what it is. Owning a house does not count against you.
- #105 – Does anyone own any vehicles? If so, please write down necessary information. Generally, only if a vehicle is in running condition should it be included.
- #106/107 – Please check and list any bank accounts, native corporation shares, or other items for household members.
- #108 – Please make sure to read and answer.

Page 16

- #109-117 Please answer and make note of all living expenses that are paid by household members. These will count as household deductions. Proof of expenses may be necessary.
- #119-126 – Please answer all these questions. Household members who have a drug felony are still able to receive SNAP but they may require proof of treatment or further education.
- The blue box at the bottom of this page is only for households who live in remote rural communities that rely on subsistence hunting and gathering for food.

Signing the Application

Page 17 – **MAKE SURE TO SIGN AND DATE THIS PAGE!** This page must be printed and signed.

Page 18 – **MAKE SURE TO SIGN AND DATE THIS PAGE!** This page must also be printed and signed.

Page 19 is optional. If you have anyone who knows your situation well and you would like to list them as a reference, please list their name, relationship to you, and a good phone number to reach them.