

**11. ACKNOWLEDGEMENT (Detached this portion, fill it out and attached to your NAP Application for submission)**

By signing below, I declare under penalty of perjury that I have read and understood this paper version of the NAP Orientation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To schedule an appointment for an interview with an Eligibility Worker please call the Certification Unit at (670) 237-2801 or 237-2802 or 284-5300/5301**

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**FOR OFFICIAL USE**

\_\_\_\_\_  
Case Record ID

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date