

All information contained in this form  
is **CONFIDENTIAL**

Location/Date/Time Received

Initials

**ALASKA PIONEER HOMES  
APPLICATION FOR ADMISSION**

Department of Health & Social Services - Division of Alaska Pioneer Homes  
PO Box 110690 Juneau, AK 99811-0690

**(907) 465-4416 Fax (907) 465-4108**

**Wait List Preference  
PLEASE CHECK ONE BOX ONLY**

**ACTIVE WAIT LIST**  
Check the ACTIVE Box if you wish to be considered for admission **IMMEDIATELY** and you are prepared to enter a Pioneer Home within 30 days of invitation. You will be contacted by mail for further information regarding your medical status and your need for services.

**INACTIVE WAIT LIST**  
Check the INACTIVE Box if you **DO NOT** wish to enter a Pioneer Home at this time. You may change your status to ACTIVE at any time without a change in your original application date.

**PIONEER HOME PREFERENCE:** Indicate your **FIRST** choice of home by placing the appropriate letter in the box (If you are applying to more than one home, indicate your second, third, fourth, fifth, and sixth choices in the same manner)

**CHOICES:**                      1ST      2ND      3RD      4TH      5TH      6TH  
                      

- A.** Anchorage Pioneer Home    **B.** Fairbanks Pioneer Home    **C.** Juneau Pioneer Home  
**D.** Ketchikan Pioneer Home    **E.** Palmer Pioneer Home        **F.** Sitka Pioneer Home

Last Name                      First Name                      Middle Initial                      Social Security Number

Date of Birth(Month/Day/Year)\*                      **\*Proof of age must be submitted with this application. Please send a copy of one of the following: drivers license, passport, ID card, or birth certificate**

Mailing Address (include city, state and ZIP code)                      Telephone Number

Resident Address (if different from mailing address)                      Male       Female

Full name as shown on birth record                      State or Country of Birth

Have you been a resident of Alaska for one year immediately preceding your signing of this application?  
 Yes       No                      How many total years have you lived in Alaska during your lifetime? \_\_\_\_\_  
Month/Year residency began \_\_\_\_\_

Do you receive Senior Care Assistance?                      U.S Veteran                      Are you a U.S. Citizen?  
 Yes       No                       Yes       No                       Yes       No

Will you require payment assistance immediately upon entering a Pioneers' Home?  
 Yes       No                      If **NO**, please circle status below:  
VISA    REFUGEE    RES    ALIEN

Do you have Medicare Part A or other Insurance Coverage?      Yes       No       Part B?      Yes       No   
If Other, please list:

Responsible Party	
Name	Relationship to Applicant
Mailing Address	Phone

**Eligibility Verification by Two Adults Who Know You**

The statement below must be read and signed by two adults who know you.

I certify that to the best of my knowledge and belief, the applicant (1) was an Alaska resident for the entire period indicated on this application, (2) is still an Alaska resident, and (3) was physically present in Alaska for at least one-half of the 12-month period ending on the date that I sign this application or was absent for a reason explained in an attached statement.

I understand that a false claim of eligibility to obtain admission to a Pioneers' Home will invalidate this application. I also understand that I may be contacted by the Alaska Department of Health & Social Services, Division of Alaska Pioneer Homes, regarding the eligibility of the applicant.

Signature of (Spouse, Relative or Friend)		Signature of (Spouse, Relative or Friend)	
Printed Name		Printed Name	
Mailing Address		Mailing Address	
City, State and ZIP Code		City, State and ZIP Code	
Relationship to Applicant		Relationship to Applicant	
Date	Daytime Phone	Date	Daytime Phone

If admitted to the Alaska Pioneer Home, I agree to conform to its rules and regulations, and pay the monthly fees to the State. I understand that information on this application may be verified by the State of Alaska. Under penalty of perjury, I certify this information to be true to the best of my knowledge. I further understand that I will be discharged from the waiting list or the Pioneer Home if I provided false information to gain admission. I also understand that I will be contacted annually regarding my Alaska residency and continued eligibility.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you sign with an **X**, a witness to your signing this application is required below.

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

For more information you may contact  
State of Alaska  
Department of Health & Social Services - Division of Alaska Pioneer Homes  
Phone (907) 465-4416 Fax: (907) 465-4108