Department of Health and Social Services
Division of Alaska Pioneer Homes
Waitlist Application Instructions

Eligibility for the Alaska Pioneer Homes Inactive and Active waitlists.
An applicant must be at least 60 years of age, be a resident of Alaska for one year immediately preceding the initial application and maintain residency in Alaska following application confirmation. (7 AAC 74.015) The State of Alaska and its Pioneer Homes follow an equal opportunity policy and does not discriminate in regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, physical or mental ability, veteran status, military obligations, and marital status when determining eligibility.

Waitlist Preference
Applicants may choose either the Active or Inactive waitlists. The Inactive waitlist is for individuals that are not ready to live in a home, yet want to maintain their application date. The active waitlist is for individuals that are prepared to move into home within 30 days of an invitation.

Additional Required Documents
In addition to the Inactive application proof of age is required.
In addition to the Active application proof of age, Certificate of Need and History & Physical are required.
Power of attorney is optional, yet needs to be supplied if one is designated on the application.
Veteran's choosing the Alaska Veterans Pioneers Home have a Veteran's Addendum, DD214 & VA 10-10 EZ
All forms are available at our Pioneer Home, Central Office or through our website:
http://dhss.alaska.gov/daph/Pages/default.aspx.

Choosing Home Choices.
An applicant may choose to be on the waitlist for more than 1 home. However, a home should not be selected if the applicant is unwilling to live in that Home. Please numerically rank your desired Home(s) in order of preference.

Transferring from the Inactive to the Active Waitlists
Inactive waitlisted individuals may transfer to the active list by completing the Waitlist Transfer Request form and supplying all of the active documents listed above for the Active application.

Eligibility to Become a Resident.
An applicant is eligible for admission on a space-available basis. Eligible applicants are admitted to a home based on the date the application is received, the level of service vacancy and gender. An individual must be in need of aid or benefit of the Homes as defined in (AS47.55.020) and receive a New Resident Pre-Admission Assessment to help determine the appropriate level of service. One must have, or have applied for, Medicare parts A, B & D or the equivalent and agree to pay the monthly fees as established by the Department of Health & Social Services. (7 AAC 74.015) Residents requiring a responsible party for payment of the monthly rates and fees must provide a valid Financial Power of Attorney, at the time of admission.

Administrative Changes from Active to Inactive Status Due to Applicant:
An individual that 1. Does not respond to a request for a History & Physical form or Certificate of Need within 60 days of the request 2. Does not respond to an invitation for assessment within 15 days of documented contact from the home or 3. Declines Pre-Admission Assessment or room admission offer, will be transferred to the inactive waitlist for a period of 180 days. An individual's original application date will be maintained throughout the transfers between the Inactive and Active waitlists.

Failing to verify eligibility annually will result in the individual being suspended from any waitlist and will require the need to reapply and receive a new application date.

If you have questions regarding the application, please contact the Department of Health & Social Services, Division of Alaska Pioneer Homes, PO Box 110690, Juneau, AK 99811, telephone (907) 465-4416. Submitting an application for admission does not automatically mean approval

Department of Health and Social Services
Division of Alaska Pioneer Homes

Wait List Application

P.O. Box 110690
Juneau, AK 99811-0690
Toll Free: 888.355.3117
Main: 907.465.4416
Fax: 907.465.4108

Office Use Only	Last	First Name	Middle Initial
Location/Date Received			
	Mailing	City	State Zip
	Resident Address *(if different from mailing)*	City	State Zip
Initials			

Telephone Number (Home/Cell)	Email Address	Date of Birth (Month/Day/Year)
Male ☐ Female ☐	Full Name as shown on birth record	Social Security Number
State or Country of Birth	Are you a U.S. Veteran? ☐ Yes ☐ No	Are you a U.S. Citizen? ☐ Yes ☐ No
How many years have you lived in Alaska in your lifetime?	Month/Year most recent residency began?	If No, mark status below: Visa ☐ Refugee ☐ Resident Alien ☐
Have you been a resident of Alaska for at least one year immediately preceding your signing of this application? ☐ Yes ☐ No		
Do you have Medicare Part A? ☐ Yes ☐ No	Do you have Medicare Part B? ☐ Yes ☐ No	Do you have Medicare Part D? ☐ Yes ☐ No
Do you have other insuance coverage? If so, please list:		

Wait List Preference

Please check one box only

Active Waitlist

☐ Check this Box if you are prepared to be considered for admission within 30 days of an invitation.

Additional Items needed with an Active application:

- *Proof of Age* – A copy of one of the following: ID card, Passport, Driver's License or Birth Certificate
- *Certificate of Need* - Self assessment completed by you or your power of attorney
- *History & Physical* - Completed by a Physician
- *Power of Attorney documents* (if applicable) - if designated on pg 2, provide copies of notarized documents that demonstrate legal authority.

Inactive Waitlist

☐ Check this Box if you **ARE NOT** ready to enter an Alaska Pioneer Home. This will establish your application date.

Additional Items needed with an Inactive application:

- *Proof of Age* – A copy of one of the following: ID card, Passport, Driver's License or Birth Certificate
- *Power of Attorney documents* (if applicable) - If designated on pg 2, provide copies of notarized documents that demonstrate legal authority.

Veterans Choosing the Alaska Veterans & Pioneers Home Waitlist (active applications only)

- Veteran's Addendum
- DD 214
- VA 10-10 EZ

PIONEER HOME PREFERENCE: An applicant may choose to be on the waitlist for more than one home. **Numerically rank selected home(s) i**n order of preference – only rank those that the applicant is willing to live in.

____ Alaska Veterans & Pioneers Home (Palmer)	_____ Fairbanks	_____ Ketchikan
____ Anchorage	_____ Juneau	_____ Sitka

- Not all locations have to be ranked -

Eligibility and Verification
List two adult Alaska residents who can verify your Alaska residency

Printed Name	Printed Name
Mailing Address City State Zip	Mailing Address City State Zip
Relationship to Applicant Phone (home/cell)	Relationship to Applicant Phone (home/cell)
Email	Email

The adults listed above may be contacted to verify the following information regarding the applicant (to the best of their knowledge): (1) was an Alaska resident for the 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 of this application or was absent for a reason explained in an attached statement.

General Power of Attorney (if applicable)

Name	Relationship to Applicant Phone (home/cell)
Mailing Address City State Zip	Email

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* _____

Please remember to include the following Additional Items with your application as applicable:

- **All Applications**
  - **Proof of Age** - One of the following: ID card, passport, Driver's License or birth certificate
  - **Power of Attorney** (if applicable) - If designated, provide copies of notarized documents
- **Active Applications**
  - **Certificate of Need** - Self assessment completed by you or your power of attorney
  - **History & Physical** - Completed by a health practitioner
  - **** For Veterans Choosing the Alaska Veterans & Pioneers Home (Palmer)***
    - ***Veteran's Addendum***
    - ***DD 214***
    - ***VA 10-10 EZ***

Send Application To:

Mail: Division of Alaska Pioneer Homes
PO Box 110690
Juneau, Alaska 99811-0690

OR

Fax: (907) 465-4108

For more information find us on the web: http://www.hss.state.ak.us/dalp/

Department of Health and Social Services
Division of Alaska Pioneer Homes

Certificate of Need

P.O. Box 110690
Juneau, AK 99811-0690
Toll Free: 888.355.3117
Main: 907.465.4416
Fax: 907.465.4108

Applying to the Active waiting list for the Alaska Pioneer Home means that you are prepared to enter a home within 30 days of having an offer of admission made to you.

To be placed on the Active waiting list you must report your physical needs or other cause which prevents you from maintaining a household without regular assistance in shopping housekeeping, meal preparation, dressing or personal hygiene.

This Certificate, along with a History & Physical Medical Examination report must be on file to be placed on the Active waiting list

Please check the box which best describes your situation in each area listed below:

Type	I Need Assistance					Extent of Assistance		
	Never	Occasionally	Often	Always		Limited	Moderate	Substantial
Bathing								
Dressing								
Grooming								
Brushing Teeth								
Toileting								
Eating								
Moving About								
In/Out of Bed								
Taking Medications								
shopping								
Housekeeping								
Meal Preparation								
Remembering								
Feeling Safe								
Other								

DO YOU USE: ☐ Walker ☐ Cane ☐ Crutches ☐ Wheelchair ☐ Other

Please describe any other assistance you require (i.e. assistive devices or services)

Please describe any other assistance you require (i.e. assistive devices or services) :

Your signature below certifies that the information contained in this document is true and complete to the best of your knowledge.

Signature _____ Printed Name _____ Date _____

Department of Health and Social Services
Division of Alaska Pioneer Homes
History and Physical Report

P.O. Box 110690
Juneau, AK 99811-0690
Toll Free: 888.355.3117
Main: 907.465.4416
Fax: 907.465.4108

Last Name	First Name	Middle Initial	Telephone Number

Mailing	City	State	Zip	Date of Exam

DOB:	Age	Height	Weight

Medical History: _____

_____

_____

Surgical Hisory: _____

_____

_____

Family History: _____

Social History: _____

Alcohol Use: ☐ Yes ☐ No

Tobacco Use ☐ Yes ☐ No

Other Drugs ☐ Yes ☐ No

Further Information: _____

_____

_____

Physical Examination

Blood Pressure	Temperature	Pulse	Respiration	O2 Stats

A. General appearance, nutrition, debility, hygiene etc: _____

B. Head and Neck _____

C. Nose & Throat _____

D. Dental _____

E. Lungs _____

F. Heart

Vessels: _____

Pulses: _____

G. Abdomen

liver: _____

Rectum: _____

Hernias: _____

History & Physical Examination Report

Applicant's Last Name	First Name	M.I.	Date of Exam
_____	_____	_____	_____

H. Male Genitourinary

Genitalia: _____

Prostate: _____

I. Female Pelvic: _____

J. Breast: _____

K. Lymph: _____

L. Endocrine: _____

M. Musculoskeletal: _____

Back: _____

Extremities: _____

N. Skin:

O. Psychiatric:

Orientation: ☐ Clear ☐ Occasionally Disoriented ☐ Disoriented

Mood: _____

Intellect: _____

Short-Term Memory: _____

Cooperation: _____

P. Behavior:

☐ Appropriate ☐ Inappropriate, Aggressive ☐ Inappropriate, Assaultive

☐ Inappropriate, Passive ☐ Wandering - Requires Wandering Safeguards

☐ Inappropriate, suicidal, or otherwise dangerous to self or others

Describe: (Please attach additional information if needed)_____

Q. Neurological

Cranial Nerves: _____

Motor Reflexes: _____

Sensory: _____

Coordination: _____

Vision: _____

Hearing: _____

Additional Information:

History & Physical Examination Report

Applicant's Last Name _____ First Name _____ M.I. _____ Date of Exam _____

Assessment of Capabilities for Activities of Daily Living

Daily Living

Type	Frequency of Assistance				Extent of Assistance		
	Independent	Occasional	Often	Always	Min	Mod	Max
Bathing							
Dressing							
Grooming							
Oral Hygiene							
Toileting							
Eating							
Ambulation							
In/Out of Bed							
Taking Medications							
Walk up & down stairs							

Uses: ☐ Walker ☐ Cane ☐ Crutches ☐ Wheelchair ☐ Other_____

Activity restrictions?	☐ Yes	☐ No
Dysphagia / Swallowing Difficulties?	☐ Yes	☐ No
Is applicant in full control of bladder?	☐ Yes	☐ No
Is applicant in full control of bowels?	☐ Yes	☐ No

Further information:

_____

_____

_____

Diet

Food Allergies: (Please provide reaction to each food allergy)_____

_____

☐ Regular ☐ Soft ☐ Low Cal ☐ Salt Restricted

☐ Fluid thickened: consistency: _____

☐ Other: _____

Special Instructions: _____

Tuberculosis Status: (Note: This section must be completed <u>before</u> admission)

Date of Last PPD:_____ Results of Last PPD:_____ ____mm

If history of positive PPD, please note past PPD & treatment:

CXR: _____

Medication Tx: _____

Immunizations

Immunizations: (Date of Administration)

Flu Vaccine _____ Pneumovax_____

Diptheria/Tetanus _____ Has applicant received complete Dip/Tet series? _____

Hepatitis A _____ Hepatitis B _____

Zostavax _____

History & Physical Examination Report

Applicant's Last Name	First Name	M.I.	Date of Exam

Drug Allergies

Please provide reaction to each allergy: _____

_____

_____

Medications

Medication	Dosage	Route	Frequency	Diagnosis	ICD10 Code

(Please attach additional information as needed)

Diagnoses

Primary Diagnosis:	ICD10 Code	Onset date
Secondary Diagnoses:	ICD10 Code	Onset date

(Please attach additional information as needed)

Lab Work

Lab work pertinent to Current Diagnoses: _____

_____

Prognosis

_____

_____

I certify I examined _____ on _____

_____ _____

Physician's Signature National Provider Identifier #

_____ _____

Physician's Typed or Printed Name Street Address

_____ _____ _____ _____

Telephone City State Zip Code