

**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 REV 2017/10



**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

<b>Office Use Only</b>	Last	First Name	Middle Initial
Location/Date Received			
Initials	Mailing	City	State Zip
	Resident Address (if different from mailing)	City	State Zip
Telephone Number (Home/Cell)	Email Address	Date of Birth (Month/Day/Year)	
Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Full Name as shown on birth record	Social Security Number	
State or Country of Birth	Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years have you lived in Alaska in your lifetime?	Month/Year most recent residency began?	If No, mark status below: Visa <input type="checkbox"/> Refugee <input type="checkbox"/> Resident Alien <input type="checkbox"/>	
Have you been a resident of Alaska for at least one year immediately preceding your signing of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do you have Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare Part D? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have other insurance coverage? If so, please list:			
<b>Wait List Preference</b> <i>Please check one box only</i>			
<b>Active Waitlist</b>		<b>Inactive Waitlist</b>	
<input type="checkbox"/> Check this Box if you are prepared to be considered for admission within <u>30 days of an invitation</u> . <b>Additional Items needed with an Active application:</b> <ul style="list-style-type: none"> <li>• <i>Proof of Age</i> – A copy of <u>one</u> of the following: ID card, Passport, Driver's License or Birth Certificate</li> <li>• <i>Certificate of Need</i> - Self assessment completed by you or your power of attorney</li> <li>• <i>History &amp; Physical</i> - Completed by a Physician</li> <li>• <i>Power of Attorney documents</i> (if applicable) - if designated on pg 2, provide copies of notarized documents that demonstrate legal authority.</li> </ul>		<input type="checkbox"/> Check this Box if you <b>ARE NOT</b> ready to enter an Alaska Pioneer Home. This will establish your application date. <b>Additional Items needed with an Inactive application:</b> <ul style="list-style-type: none"> <li>• <i>Proof of Age</i> – A copy of <u>one</u> of the following: ID card, Passport, Driver's License or Birth Certificate</li> <li>• <i>Power of Attorney documents</i> (if applicable) - If designated on pg 2, provide copies of notarized documents that demonstrate legal authority.</li> </ul>	
		<b>Veterans Choosing the Alaska Veterans &amp; Pioneers Home Waitlist (active applications only)</b> <ul style="list-style-type: none"> <li>• Veteran's Addendum      • DD 214      • VA 10-10 EZ</li> </ul>	
<b>PIONEER HOME PREFERENCE:</b> An applicant may choose to be on the waitlist for more than one home. <b><u>Numerically rank selected home(s)</u></b> in 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      OR      **Fax:** (907) 465-4108  
PO Box 110690  
Juneau, Alaska 99811-0690

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