



**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			
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 Refugee Resident Alien <input type="checkbox"/> <input type="checkbox"/> <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			
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:			
Wait List Preference <i>Please check one box only</i>			
Active Waitlist		Inactive Waitlist	
<input type="checkbox"/> Check this Box if you are prepared to be considered for admission within <u>30 days of an invitation</u> . Additional Items needed with an Active application: <ul style="list-style-type: none"> • <i>Proof of Age</i> – A copy of <u>one</u> of the following: ID card, Passport, Driver's License or Birth Certificate • <i>Certificate of Need</i> - Self assessment completed by you or your power of attorney • <i>History & Physical</i> - Completed by a Physician • <i>Power of Attorney documents</i> (if applicable) - if designated on pg 2, provide copies of notarized documents that demonstrate legal authority. 		<input type="checkbox"/> 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: <ul style="list-style-type: none"> • <i>Proof of Age</i> – A copy of <u>one</u> of the following: ID card, Passport, Driver's License or Birth Certificate • <i>Power of Attorney documents</i> (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) <ul style="list-style-type: none"> • 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. <u>Numerically rank selected home(s)</u> 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/>