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|--------------------------------|--|
| Location/Date/Time Received    | <b>ALASKA PIONEER HOMES</b><br><b>APPLICATION FOR ADMISSION</b><br>Department of Health & Social Services - Division of Alaska Pioneer Homes<br>PO Box 110690 Juneau, AK 99811-0690<br>Phone: (907) 465-4416 FAX: (907) 465-4108 |
| Initials                       |  |
| Date of Birth(Month/Day/Year)* | <b>*Proof of age must be submitted with this application. Please send a copy of one of the following: driver's license, passport, ID card, or birth certificate</b>  |

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

|   |   |
|---|---|
| <input type="checkbox"/> <b>ACTIVE WAIT LIST</b><br>Check the ACTIVE Box if you wish to be considered for admission <b>IMMEDIATELY</b> 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. | <input type="checkbox"/> <b>INACTIVE WAIT LIST</b><br>Check the INACTIVE Box if you <b>DO NOT</b> 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  |
| Mailing Address (include city, state and ZIP code)   |            |                | Telephone Number  |
| Resident Address (if different from mailing address) |            |                | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | How many total years have you lived in Alaska during your lifetime? _____<br>Month/Year residency began _____ |
|---|---|

|   |  |  |
|---|--|--|
| Do you receive Senior Care Assistance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | U.S. Veteran<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>NO</b> , please circle status below:<br><br>VISA    REFUGEE    RES    ALIEN |
| Will you require payment assistance immediately upon entering a Pioneers' Home?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

Do you have Medicare Part A or other Insurance Coverage?    Yes     No     Part B?    Yes     No

If Other, please list: \_\_\_\_\_

**FINANCIAL POWER OF ATTORNEY**

|   |                           |       |
|---|---------------------------|-------|
| Name  | Relationship to Applicant |       |
| Mailing Address (Where to receive mail on behalf of resident) |                           | 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 , the applicant (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 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 \_\_\_\_\_

Send application to:  
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/>