State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing

Application for License to Operate an Assisted Living Home:
Household Member Worksheet

If you indicated other individuals will be residing at the Assisted Living Home, Please provide their name, date of birth, and relationship, of any individuals, of any age, that will be residing in the Assisted Living Home. This does not include the Administrator or residents. Please included required documentation. Add additional pages if needed. (Please note: all household member over the age of 16 years old will be required to complete a background check and be associated with the facility; follow the instructions at the end of New Home Assisted Living Home Application).

Name: _____ Date of Birth (DD/MM/YYYY): _____

Relationship: _____

☐ Copy of government issued photo identification (if applicable)
☐ Documentation of Clearance from Active Tuberculosis (TB)

Name: _____ Date of Birth (DD/MM/YYYY): _____

Relationship: _____

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