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

*Please read this application carefully and answer **ALL** applicable questions. Incomplete applications will be returned to the applicant for completion.* If you have questions regarding any information requested on this application, please contact: (907) 269-3640 to speak with a licensing specialist.

1. **Proposed Name of Assisted Living Home:** _____

2. **Applicant:** The applicant is the individual or legal entity responsible for operation of the proposed assisted living home and will be the owner on the license.

   Name of Applicant: _____
   Name of Person Completing App. _____
   Mailing Address: _____

   City:_____State:_____Zip Code:_____

   Physical Address: _____

   City:_____State:_____Zip Code:_____

   Email Address: _____

   Phone Number: _____ Fax Number:_____

3. **Is the applicant an association, corporation, or other entity? Yes: ☐ No: ☐**
   If **Yes**, please complete the Association, Corporation, or other entity Worksheet attached to this application.

4. **Is the applicant a Government Agency? Yes: ☐ No: ☐**
   If **Yes**, please complete the Government Agency Worksheet attached to this application.

5. **Ownership Interest:** Please attach a copy of your business license, any corporation documents, and complete the Ownership Interest Worksheet.

6. **Does the Applicant own the property of the proposed location? Yes: ☐ No: ☐**
   If **No**, Please identify the owner of the premises in which the proposed assisted living home will be located.

   Name: _____
   Title: _____
   Mailing Address: _____

   City: _____ State: _____ Zip Code: _____

   Physical Address: _____

   City: _____ State: _____ Zip Code: _____
   Email Address: _____

   Phone Number: _____ Fax Number: _____

7. **Physical Address of the Proposed Assisted Living Home:** *A physical location MUST be identified PRIOR to submission of an application. Changes in the proposed physical location during the licensing process may require a new application and associated fees. Applications that do not specify a physical location will be returned as incomplete.*

   Street: _____

   City: _____ State: AK Zip Code: _____

8. **Mailing Address of the Assisted Living Home:**

   Street: _____

   City: _____ State: AK Zip Code: _____

9. **Telephone numbers:** *Please provide us with at least two telephone numbers. The website phone number will be posted on the website listing of licensed facilities. If you do not enter a website phone number here, no phone number will be listed on the website unless a request is submitted in writing. The facility phone number is the number that will be used by residents if they need to make a call and by staff if they need to contact emergency services. These may be the same telephone number:*

   Website Phone Number: _____

   Facility Phone Number:_____

   Administrator Phone Number:_____

10. **Total number of individuals the home intends to serve:**
    The total number of individuals the home intends to serve may be less than or equal to the maximum occupancy allowed by the fire department but may not be more than the maximum occupancy allowed by the fire department.

    Number of Residents*:* _____

11. **Type of License the individual wants to operate:**

    ☐ Adults age 18 years of age or older who have a mental health or developmental disability (DD/MH).

    Or,

    ☐ Adults age 18 years of age or older who have physical disability, are elderly, or suffering from dementia, but who are not chronically mentally ill (SS).

12. **Does the Applicant currently hold, or ever previously held, any other licenses or certifications issued by the Department?**
    Yes: ☐ **No:** ☐ (Example: Child Care License, Foster Care License, Medicaid certification, or etc.)
    If **Yes,** please list below with their expiration dates:

13. **Administrator:** Please identify the individual who will be serving as the Administrator of the proposed Assisted Living Home and complete an Administrator Designation Questionnaire and attach it to the application:

    Name:_____

14. **Designee:** Please identify the individual who will be serving as the Designee of the proposed Assisted Living Home and complete a Designee Designation Questionnaire and attach it to the application:
    (A designee is required, this individual serves as the Administrator if they are unavailable)

    Name:_____

15. **Resident Manager:** Please identify the individual who will be serving as the Resident Manager of the proposed Assisted Living Home and complete a Resident Manager Designation Questionnaire and attach it to the application:*(A resident manager is required if the administrator does not manage the daily operations of the assisted living home)*

    Name:_____

16. **Is the Home seeking a variance? Yes: ☐ No: ☐**
    If **Yes**, please attach a completed general variance application to this application.
    (*Variance applications can be obtained by contacting our office at 907-269-3640.)*

17. **Will there be any other individuals residing at the Assisted Living Home, other than the Administrator and residents? Yes: ☐ No: ☐**

    If **Yes**, please complete the Household Member Worksheet attached to this application.

18. **The following, as applicable, are required to be attached to your application.**

☐ 1. Completed Application for License to Operate an Assisted Living Home.
- ☐Must be notarized.
- ☐Must include fee.
- ☐Complete (if applicable) Association, Corporation, or other entity Worksheet.
- ☐Complete (if applicable) Government Agency Worksheet.
- ☐Complete Ownership Interest Worksheet.

☐ 2. Administrator Designation Questionnaire completed by the individual being appointed Administrator.
- ☐ Completed Administrator Designation Questionnaire.
- ☐ Documentation the individual meets the requirements in 7 AAC 75.230.
- ☐ Copy of government issued photo identification.
- ☐ Documentation of Clearance from Active Tuberculosis (TB).
- ☐ 3 Character and 2 Employer References (See attached form).
- ☐ Copies of Current CPR & first aid.

☐ 3. Designee Designation Questionnaire completed by the individual being appointed Designee.
- ☐ Completed Designee Designation Questionnaire.
- ☐ Copy of government issued photo identification.
- ☐ Documentation of Clearance from Active Tuberculosis (TB).
- ☐ 3 Character and 2 Employer References (See attached form).
- ☐ Copies of Current CPR & first aid.

☐ 4. Resident Manager Designation Questionnaire completed by the individual being appointed Resident Manager. (If Applicable)
- ☐ Completed Resident Manager Designation Questionnaire.
- ☐ Documentation the individual meets the requirements in 7 AAC 75.230.
- ☐ Copy of government issued photo identification.
- ☐ Documentation of Clearance from Active Tuberculosis (TB).
- ☐ 3 Character and 2 Employer References (See attached form).
- ☐ Copies of Current CPR & first aid.

☐ 5. Completed Projected Budget Guidelines and 3 Month Budget. This must be a 6 month budget if you currently own and operate another licensed assisted living home or you are applying for an assisted living home with eleven (11) or more residents. This must include:
- ☐Copies of current billing statements from utilities to verify the amounts reported in the 3 month budget.
- ☐Documentation of current bank statements that verify there is the three month financial reserve as required by 7 AAC 75.085.

☐ 6. Universal Precautions Policy - Create and Submit the Home's Universal Precautions (see enclosed guide lines and 7 AAC 10.1045 for information on what is required to be included).

☐ 7. Staff Plan and Staff Responsibilities – Complete the attached sample Staff Plan and Create and Submit Staff Responsibilities (Job Descriptions) (see enclosed sample form and 7 AAC 75.080 (b) (11) for information on what is required to be included).

☐ 8. Personnel Practices – Create policies you will require your staff to comply with. This is similar to an employee handbook. (See 7 AAC 75.210 (a) (3) for information on what is required).

☐ 9. Disaster Preparedness Plan – Create and Submit the Home's Disaster Preparedness Plan (see 7 AAC 10.1010 (e)-(l) for information on what is required to be included). See also the enclosed sample emergency evacuation drill form.

☐ 10. Emergency Evacuation Plan/Floor Plan – Create a clear diagram of each level of the home that identifies all the walls, doorways, and windows and include a key that identifies all of the following items:

- ☐ Location of smoke detectors.
- ☐ Location of Carbon Monoxide (CO) detectors.
- ☐ Location of fire extinguisher.
- ☐ Location of Disaster Kit.
- ☐ Location of First Aid Kit.
- ☐ Location of the meeting place outside the home.
- ☐ Arrows showing evacuation routes used in an emergency.

☐ 11. Documentation is required to verify with the owner of the property is aware and give permission for use of the property as an assisted living home. Please attach documentation.

☐ 12. Restraint Policy and Restraint Assessment– Create and Submit the Home's Restraint Policy and Procedure (see 7 AAC 75.295 for information on what is required to be included, see enclosed sample Restraint Assessment for item required).

☐ 13. List of Services Offered – Create and Submit the Home's List of Services Offered (see enclosed sample form and 7 AAC 75.080 (b) (8) for information on what is required to be included).

☐ 14. Prohibition of Abuse, Neglect, or Exploitation Policy – Create and Submit the Homes Policy and Procedure (see 7 AAC 75.220 for information on what is required to be included).

☐ 15. Employee Orientation - Create and Submit a form on how the Home will document Employees Orientation (see enclosed sample form and see 7 AAC 75.210 (a) (3) and 7 AAC 75. 240 (b) for information on what is required to be included).

☐ 16. Notice of Resident Rights– Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.300 for information on what is required to be included).

☐ 17. Notice of Protection from Retaliation– Create and Submit the documentation the Home will use (see enclosed sample form see AS 47.33.350 for information on what is required to be included).

☐ 18. Grievance Procedure – Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.340 for information on what is required to be included).

☐ 19. House Rules – Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.060 for information on suggested items to include).

☐ 20. Residential Service Contract – Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.210 for information on what is required to be included).

☐ 21. Assisted Living Plan & Physician Statement – Create and Submit the documentation the Home will use (see enclosed sample forms and AS 47.33.220 and AS 47.33.230 for information on what is required to be included).

☐ 22. Controlled Substance Policy – Create and Submit the Home's policy and procedure for controlled substances, include the form the Home will use to document controlled substance managed by the Home. (See enclosed sample form and 7 AAC 10.1070 (c) (3) for information on what is required to be included).

☐ 23. Acceptance and Management of Residents' Money - **Will the Home accept and manage Resident's money? Yes: ☐ or No: ☐** If **Yes,** the Home must create a written policy for the management of money and create a written authorization to be signed the resident or the resident's representative or representative payee. (See enclosed sample authorization form and AS 47.33.040. (b) and 7 AAC 75.310. (a)- (j).for information required to be included in the policy and written authorization)

☐ 24. Plant Notification – **only required if the home has poisonous plants and the Department has approved them to remain in the home.** If the home has poisonous plants, you must create a form to notify residents and/or their representatives of the poisonous plants in the home and safety plan for those with impaired cognition (see 7 AAC 10.1095 for information on what is required to be included).

☐ 25. Animal Notification – **only required for homes with animals present.** If the home has animals, you must create a form to notify residents and/or their representatives that animals are in the home. (See 7 AAC 10.1090 for information on what is required to be included).

☐ 26. Firearm Notification – **firearms are not allowed in homes with 6 or more residents.** If the home has firearms, or you will allow firearms, you must create a form to notify residents and /or representatives that firearms are in the home. (See 7 AAC 10.1080 for information on what is required to be included).

☐ 27. Communal Use Nonprescription Drug Policy – **only required for a home with 3 or more residents** and homes providing communal use of commonly used nonprescription medication. Create and Submit the Home's policy (See 7 AAC 10.1070 (g) (4) for information on what is required to be included).

☐ 28. Change of Use Permit/Certificate of Occupancy – **only required for homes in the Municipality of Anchorage with 3 or more residents or for buildings that have multiple assisted living homes operating in them.** (See the enclosed flyer on Change of Use Permit/Certificate of Occupancy requirement).

☐ 29. Fire Inspection Report – **only required for homes with 6 or more residents, or 3 or more resident in the Fairbanks Municipality.** Contact your local fire authority to find out what they require.

☐ 30. Incontinence Care Procedures – **only required for 6 or more resident** Create and Submit the Home's policy and procedure for incontinence care (see 7 AAC 10.1055 for information on what is required to be included).

☐ 31. Business Plan – **only required if applying for a home with 11 or more residents or to operate multiple homes** (see 7 AAC 75.080 (b) (13) for information on what is required to be included).

☐ 32. Kitchen/Food Service Inspection – **only required for homes with 6 or more in the Municipality of Anchorage, 13 or more residents Outside the Municipality of Anchorage.** In the Municipality of Anchorage, contact Food Safety and Sanitation at (907) 343-4200. Outside the Municipality of Anchorage, contact the DEC Food Safety and Sanitation Program at (907) 269-7501.

☐ 33. Water source - **Does your facility utilize Public Water: ☐ or Well Water: ☐?**
If the facility utilizes Well Water, the Department of Environmental Conservation (DEC) Drinking Water Program may monitor your water system, if individuals occupying the building during a week are more than 25 (including residents and weekly staff). Please contact your local DEC Water Program to register your Well Water.

☐ 34. Wastewater - **only required if your facility will utilize Well Water:** Applicants with wastewater systems (septic) are required to contact DEC Wastewater Program to verify that wastewater systems meet the distance of separation required from their water system. Submit documentation you're in compliance. For further information contact Division of Water (907) 465-5180 or your local DEC office.

☐ 35. Background Checks – When we receive your application, we will contact the Background Check Program (BCP) and request an account be set up. The BCP will notify you via e-mail what your account is, your password, and how to enter individual's information to request a background check.
Do not submit anything for the background check until you have received this e-mail and have begun entering individuals. The e-mail will include a phone number and e-mail address if you have any further questions. You will need to get a background checks for all employees and every household member residing in the home who is at least 16 years of age.

19. Application fees: Please include check or money order with this application.

☐ **Licensure for one or two residents:** 1 or 2 x $25.00=_$25.00_

☐ **Licensure for three (3) or more residents:** _____ x $25.00=_____

(For example, to apply for licensure to service five (5) residents, the fee is calculated as follows: $25.00 for each resident for a total of $125.00).

Total fee enclosed:_____

This is to certify that this applicant agrees:

To comply with applicable licensing statutes and regulations, including but not limited to AS 47.05, AS 47.32, AS 47.33, 7 AAC 10 and 7 AAC 75.To keep records necessary to demonstrate compliance with the statutes and regulations governing licensure of assisted living homes and to make such records available to the Department of Health and Social Services, or its authorized representatives, upon request. To permit representatives of the Department of Health and Social Services access to inspect the assisted living home, review records, including files of individuals who received services from the assisted living home; interview staff; and interview individuals receiving services from the assisted living home. I attest that I am a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized by the Immigration and Naturalization Service to work in the United States. By my signature below, I certify that the information contained in this application and applicable attachments is true, accurate, and complete.

Signature of Applicant:_____ Date:_____

Printed Name of Applicant:_____

Notarized by:

Signature of Notary for State of Alaska: _____

Printed Name of Notary:_____

My Commission Expires:_____

Submit Completed Application to:

State of Alaska
DHSS/Division of Health Care Services
Residential Licensing
4501 Business Park Blvd, Bldg L
Anchorage, AK 99503