

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



**Renewal Application for Assisted Living Homes**

*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 or contact your assigned licensing specialist.*

**1. 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 listed owner on the license:**

Applicant: \_\_\_\_\_

Name of Person Completing App: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3. Physical Address- Please provide the current physical address of the Assisted Living Home:**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. Mailing Address- Please provide the current mailing address of the Assisted Living Home.**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**5. List any Changes- please list any changes that have occurred during the Home's licensing period, this may include any changes in the Home's policies and procedures or changes in the Entity (ownership changes), include documents with application.**

**6. Renewal Capacity- please indicate the capacity of the Home for the renewed license.**

Number of Residents: \_\_\_\_\_

**7. Renewal fees: Please include check or money order with this application.**

**Renewal licensure for one or two residents:** 1 or 2 x \$25.00= \$25.00

**Renewal 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