

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



Renewal/Modification Application for Assisted Living Homes

Application Renewal **Modification of License** **Other Changes**

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

2. **Applicant:** The applicant is the individual or legal entity responsible for operation of the proposed assisted living home. If granted, the license will be issued in the name of the applicant.

Name: _____

Title of Applicant
(if applicable): _____

Mailing Address: _____

Physical Address: City _____ State _____ Zip _____

City _____ State _____ Zip _____

Email Address: _____

Phone Number: () _____

Fax Number: () _____

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

Driver's License Number, if any: _____ State: _____

3. **Ownership Interest:** Please provide the following information for each person who has an ownership interest in the proposed Assisted Living Home. Attach additional pages as necessary.

Name: _____

Title: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Email Address: _____

Phone Number: () _____

Fax Number: () _____

4. **Owner of Premises:** Please identify the owner of the premises (if the applicant is not the owner) in which the proposed assisted living home will be located.

Name: _____
Title, _____ if _____ applicable: _____
Mailing Address: _____

City State Zip
Physical Address: _____

City State Zip
Email Address: _____
Phone Number: () _____
Fax Number: () _____

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

Street: _____

City State Zip

6. **Facility Phone:** *If licensed, this is the phone number that will be posted on the website listing of licensed facilities. If you do not enter a phone number here, no phone will be listed on the website unless a request is submitted in writing.*

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

Street: _____

City State Zip

8. **Total number of individuals the home serves:**

_____ *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.*

9. **Type of License the individual operates:**

_____ 18 years of age or older who have a mental health or developmental disability.

_____ 18 years of age or older who have physical disability, are elderly, or suffering from dementia, but who are not chronically mentally ill.

10. **Does the Applicant currently hold, or ever previously held, any other licenses or certifications issued by the Department?** (Example: Child Care License, Foster Care License, Medicaid certification, etc...) If so, please list them below with their expiration dates.

11. **Administrator:** Please provide information regarding the Administrator of the proposed assisted living home.

Name: _____

Title, _____ if _____ applicable: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Email Address: _____

Phone Number: (____) _____

Fax Number: (____) _____

Please list by name and address, any other assisted living home(s) the proposed Administrator is or has been affiliated with:

12. **Modification Sought (if applicable):** _____

13. **Application / modification fees: Please include check or money order with this application.**

- Licensure for one or two residents:** \$25.00
- Licensure for three (3) or more residents:** \$25.00 per resident. *(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).*
- Modification of (a) location or other major modification:** \$25.00
- Modification of (b) capacity (# of residents):** \$25.00 per additional resident.
- Modification of both (a) and (b):** \$25.00 plus \$25.00 for each additional resident.
- Change of Administrator, Designee, or owner:** \$0.00
- Change of address:** \$0.00

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

Return completed applications to:

State of Alaska
DHSS/Division of Health Care Services
Certification & Licensing
4601 Business Park Blvd, Bldg K.
Anchorage, AK 99503