



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Home and Community-based Waiver Services

Adults with Physical and Developmental Disabilities • Alaskans Living Independently
Children with Complex Medical Conditions • Individuals with Intellectual and Developmental Disabilities

Provider Certification Application
Service Declaration: Residential Habilitation Services
Family Home Habilitation Site Information/Change of Status Report

Name of provider agency _____ Provider number _____

Instructions: For each home, attach a copy of the assisted living home or foster home license. Use additional forms as needed.
Change of status notification required 10 days prior to change.

Adult service sites					
Name of home	Primary contact	Telephone number	License number	Add/Remove	Start/End Date

Child service sites					
Name of home	Primary contact	Telephone number	License number	Add/Remove	Start/End Date

Provider Assurances

I certify that the information, regarding family homes in which residential habilitation services are provided, is true, accurate, and complete.

Owner/Administrator/Director signature

Print name

Title

Date