



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 Renewal Application
Service Declaration: Residential Supported-Living Services

Name of provider agency _____ Provider Number _____

Program administrator for Residential Supported-Living Services

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Administrator designee

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Services The residential supported-living services described in 7 AAC 130.255 will be offered to recipients.

Required attachments Review the SDS certification website for instruction and content requirements.

[] Assisted living home license

The following policies and procedures have been up-dated, changed or revised since the date of the agency's last certification; copies are enclosed for recertification.

- [] Admissions [] Critical incident reporting [] Restrictive intervention
[] Background check [] Emergency response [] Termination of provider services
[] Complaint management [] Evaluation of employees [] Training
[] Confidentiality [] Financial accountability
[] Conflicts of interest [] Quality improvement.

Census area to be served: Check box for each location at which services will be offered.

- [] Aleutians East [] Dillingham [] Ketchikan Gateway [] North Slope [] Southeast Fairbanks
[] Aleutians West [] Fairbanks North Star [] Kodiak Island [] Northwest Arctic [] Valdez/Cordova
[] Anchorage [] Haines [] Kusilivak [] Petersburg [] Wrangell
[] Bethel [] Hoonah/Angoon [] Lake and Peninsula [] Prince of Wales/Outer Ketchikan [] Yakutat
[] Bristol Bay [] Juneau [] Mat-Su [] Sitka [] Yukon-Koyukuk
[] Denali [] Kenai [] Nome [] Skagway

Provider Assurances

I affirm that the provider will comply with the residential supported living services regulations, 7 AAC 130.255; the Residential Supported-Living Services Conditions of Participation; and all applicable federal, state, and local laws and regulations. I certify that the information offered in the attachments required for certification is true, accurate, and complete.

Owner/Administrator/Director signature

Print name

Title

Date