



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 Renewal Application**  
**Service Declaration: Residential Habilitation Services**

Name of Provider Agency \_\_\_\_\_ Provider Number \_\_\_\_\_

**Program Administrator for Residential Habilitation Services**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

**Services** The residential habilitation services described in 7 AAC 130.265 will be offered to recipients as

- Family home habilitation
- Supported-living habilitation
- Group-home habilitation
- In-home support habilitation

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

- Copies of assisted living home licenses and foster home licenses
- Group-home Habilitation Site Information* form (CERT-12)
- Family Home Habilitation Site Information* form (CERT-13)
- CERT-45 Settings Declaration*

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
- Background check
- Complaint management
- Confidentiality
- Conflicts of interest
- Critical incident reporting
- Emergency response
- Evaluation of employees
- Financial accountability
- Medication administration (*supported-living and in-home support providers only*)
- Quality improvement
- Restrictive intervention
- Termination of provider services
- Training

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

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

**Provider Assurances**

*I affirm that the provider will comply with the residential habilitation services regulations, 7 AAC 130.265; the Residential Habilitation 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