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: Respite Care Services

Name of provider agency _____ Provider Number _____

Program administrator for Respite Care Services

Name _____

Telephone number FAX number _____

Cell number _____ Email _____

Services The respite care services described in 7 AAC 130.280 will be offered as:

☐ Agency respite care services ☐ Family-directed respite care services

Required attachments Review the SDS certification website for instruction and content requirements.
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	☐ Quality improvement
☐ Background check	☐ Emergency response	☐ Restrictive intervention
☐ Complaint management	☐ Evaluation of employees	☐ Termination of provider services
☐ Confidentiality	☐ Financial accountability	☐ Training
☐ Conflicts of interest	☐ Medication administration	

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 respite care services regulations, 7 AAC 130.280; the Respite Care 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*