



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: Transportation Services**

Name of provider agency/business \_\_\_\_\_ Provider Number \_\_\_\_\_

Manager/Coordinator for Transportation Services \_\_\_\_\_

Name \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX number \_\_\_\_\_

Cell number \_\_\_\_\_ Email \_\_\_\_\_

**Services** The Transportation Services described in 7 AAC 130.290 will be offered to recipients as:

- Agency-based transportation services     Transportation business services

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

Transportation business service only:

- Copies of local permits (if applicable)

Agency-based transportation service

- Copies of local permits (if applicable)  
 Copies of agency-owner/leased vehicle registrations

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.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Admissions            | <input type="checkbox"/> Critical incident reporting | <input type="checkbox"/> Restrictive intervention         |
| <input type="checkbox"/> Background check      | <input type="checkbox"/> Emergency response          | <input type="checkbox"/> Termination of provider services |
| <input type="checkbox"/> Complaint management  | <input type="checkbox"/> Evaluation of employees     | <input type="checkbox"/> Training                         |
| <input type="checkbox"/> Confidentiality       | <input type="checkbox"/> Financial accountability    |   |
| <input type="checkbox"/> Conflicts of interest | <input type="checkbox"/> Quality improvement         |   |

**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 transportation services regulations, 7 AAC 130.290; the Transportation 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