



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: Adult Day Services

Name of provider agency _____

Program administrator for Adult Day Services

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Name of activity coordinator _____

Services The adult day services described in 7 AAC 130.250 will be offered to recipients.

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

- Notice of Appointment or Change of Program Administrator (CERT-04)
CERT-45 Settings Declaration
Activity coordinator/director's resume
Documentation of activity coordinator/director's educational qualifications
Building use permit
Floor plan showing square footage

The following policies and procedures required for certification are enclosed:

- Admissions, Background check, Complaint management, Confidentiality, Conflicts of interest, Critical incident reporting, Emergency response, Evaluation of employees, Financial accountability, Medication administration, 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.

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

Provider Assurances

I affirm that the provider will comply with the adult day services regulations, 7 AAC 130.250, the Adult Day 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