



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
 Home and Community-based Waiver Services

**Service Declaration: Residential Habilitation Services
 Group-Home Habilitation Site Information/Change of Status Report**

Name of Provider Agency	Medicaid Provider #
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Instructions: For each home, attach a copy of the assisted living home license. Use additional forms as needed.
 Change of status notification required 10 days prior to change.

Group home service sites					
Name of home	Primary contact	Telephone number	License number	Add/Remove	Start/End Date

Provider Assurances
 I certify that the information, regarding group homes in which residential habilitation services are provided, is true, accurate, and complete.

Owner/Administrator/Director signature

Print Name

Title

Date