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 Application

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

Name of provider agency _____ **Provider number** _____

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*