



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: Respite Care Services

Name of provider agency _____

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 to recipients as:

- Agency respite care services
Family-directed respite care services

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

- Notice of Appointment or Change of Program Administrator (CERT-04)

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 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