



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: Meal Services

Name of provider agency _____

Director for Meal Services

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Dietary consultant

Name _____ License number _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Services The meal services described in 7 AAC 130.295 will be offered to recipients as:

- Congregate meal services Home-delivered meal services

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

- Food service permit Sample five-week cycle menu
CERT-45 Settings Declaration

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 Quality improvement
Restrictive intervention (congregate meal providers only) 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 meal services regulations, 7 AAC 130.295; the Meal 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