



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

Change of Status: Care Coordinator

Instructions Check box for type of reported change and provide required information. Send completed form and attachments to DSDSCertification@alaska.gov, or Fax to 907-754-3475, Attention: Provider Certification. Notification required 10 days prior to a planned change or within one business day of an unplanned change.

Care coordinator

Name of care coordinator _____

Care coordinator provider number _____

Person to contact regarding change _____

Telephone number _____ Email _____

End of agency affiliation

Name of agency _____ Provider number _____

End date of employment _____

Change of agency affiliation

Name of agency _____ Provider number _____

End date of employment _____

Name of new employer _____ Provider number _____

Beginning date of employment _____

New Email address _____

Name change Attach legal document showing name change.

Former name of care coordinator _____

Name changed to _____

Care Coordinator signature

Print name

Date

Program Administrator signature

Print name

Date