



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

**Certified Provider Agency** \_\_\_\_\_

**Provider number** \_\_\_\_\_

**Select Certified Service(s)**

- Residential Habilitation:
- Group Home (GH)
  - Family Home (FH)
  - Supported Living (SL)
- Day Habilitation-Site based (DH)
- Adult Day (AD)
- Meals-Congregate (MC)
- Supported Employment (SE)

**Program Administrator Name & Email Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions:**

- Select the services this agency is certified to provide.
- List the name of the Program Administrator and their email address for each service.
- List all site locations, physical address information, and select the services provided at each location.
- Submit signed and completed form to:  
[DSDSCertification@alaska.gov](mailto:DSDSCertification@alaska.gov)

*Attach additional forms as needed to include all site locations for each agency.*

|    | Name of Site | Physical Address | City | Zip | Select Services   |
|----|--------------|------------------|------|-----|---|
| 1  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 2  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 3  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 4  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 5  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 6  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 7  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 8  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 9  |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |
| 10 |              |                  |      |     | <input type="checkbox"/> GH <input type="checkbox"/> FH <input type="checkbox"/> SL <input type="checkbox"/> DH <input type="checkbox"/> AD <input type="checkbox"/> MC <input type="checkbox"/> SE |

**Provider Assurance**

*I certify that the information provided above is true, accurate, and complete for all settings in which services are provided by this agency.*

\_\_\_\_\_  
*Owner/Administrator/Director signature*

\_\_\_\_\_  
*Print name* *Title*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Contact Phone* *Date*