



GENERAL RELIEF for ASSISTED LIVING CARE

General Relief Assistance provides for the most basic needs of many Alaskans without the personal resources to meet an emergent need and ineligible for assistance from other programs. GRA is designed to meet the immediate, basic needs of Alaskans facing extreme financial crisis. The GRA program is 100% state-funded and designed to be used as a last resort for financially eligible individuals and families who have exhausted all other possible resources.

The Division of Senior and Disabilities Services' Adult Protective Services (APS) unit administers state General Relief funds to provide assisted living care to adults needing protective services, under the authority granted by AS 47.24.017. The General Relief for Assisted Living Care program is designed to assist those APS clients who lack adaptive behavior to the degree that they cannot manage to live independently. The program provides non-medical residential care and financial assistance to needy adults who require the protective oversight of an assisted living home. The overall objective of the program is to enable these adults to obtain the level of care they could receive in their own home from friends or relatives and to live in the least restrictive setting possible.

For specific questions about this program, contact: **Division of Senior and Disabilities Services, General Relief Program at (907) 269-3666.**

Assisted Living Care Defined

Assisted living care is a range of care which includes more than room and board, but which does not include continuous nursing or medical care. It encompasses twenty-four hour supportive and protective services in the activities of normal daily living and is provided in a residential environment which encourages independent living to the extent possible for each resident ([7 AAC 47.310](#)).

Eligibility Criteria

The Division of Senior and Disabilities Services purchases assisted living care for APS clients who meet the medical, social, and financial eligibility criteria outlined in [7 AAC 47.330 through 7 AAC 360](#). A resident of the state is eligible for General Relief for assisted living care if the individual:

- 1) is 18 years of age or older;
- 2) has been assessed for eligibility by a care coordinator or other person approved by the Department of Health and Social Services;
has a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism or another
- 3) condition closely related to mental retardation that significantly impairs intellectual functioning and adaptive behavior;
- 4) has a hearing, speech, visual, orthopedic, or other major health impairment that significantly impedes participation in the social, economic, educational, recreational, and other activities generally available to the individual's non-impaired peers in the community; or
- 5) has a significant deficit in adaptive behavior in the area of self-care, communication of needs, mobility, or independent living, which may be the result of the aging process, an emotional health disturbance, or alcohol or drug dependence;

- 6) without assisted living care is subject to, or at risk of, abuse, neglect, or exploitation by others;
- 7) does not have income that exceeds the limits permitted in [7 AAC 47.350](#);
- 8) does not have resources that exceed the amount permitted by 7 AAC 47.350;
- 9) has applied for the cash assistance programs as required by [7 AAC 47.370\(a\)](#);
- 10) has applied for and exhausted the use of alternative resources;
- 11) has a total monthly countable income which does not exceed the income limit which applies to the individual under the financial eligibility criteria of the APA program;
- 12) has a total monthly countable income which does not exceed 300 percent of the maximum individual SSI (Social Security Income) monthly income limit in effect on the date of application for assistance.

General Relief for Assisted Living Care Program Forms

Care coordinators must use the forms provided by APS on the [Senior and Disabilities Services, General Relief Program](http://www.hss.state.ak.us/dsds/aps.htm) (<http://www.hss.state.ak.us/dsds/aps.htm>) website apply for General Relief for Assisted Living Care on behalf of their clients:

- 1) Application Form (GR-01)
- 2) Physician's Report (GR-02)
- 3) Tuberculin Clearance (GR-03)
- 4) Client Activity Report (GR-04)
- 5) Assisted Living Care Contract (GR-05)
- 6) Authorization for Release of Information (HSS 06-5870)

Each applicable form must be filled out completely. If there is no information available under a certain question on these forms, please indicate "n/a" for not applicable or not available.

Completed General Relief for Assisted Living Care forms should be sent to:

General Relief Program Manager
Division of Senior and Disabilities Services
550 W. 8th Ave.
Anchorage, Alaska 99501
Phone: (907) 269-3666 or (800) 478-9996 Fax:
(907) 269-4973



General Relief for Assisted Living Care

Application Form

To facilitate processing of the General Relief for Assisted Living Care application, please note:

- Processing may require additional paperwork to be completed according to the individual's situation.
- The TB test or chest x-ray must be current within a year.
- The physician's statement and adult care application must be current within the month of application.
- If the physician's statement indicates "nursing care" is needed—this will preclude the applicant from entering an assisted living home until the applicant's condition has improved, and the applicant no longer needs "nursing care."
- If all paperwork is approved, DSDS will issue a credit/calculation sheet to the care coordinator and assisted living home. This credit/calculation sheet determines what amount (above the applicant's income/resources) is needed to pay for assisted living care. The credit/calculation sheet will indicate the general relief rate, client's contribution (if any), and contribution by General Relief per day to the assisted living facility.
- DSDS staff determine the date the client is approved for assisted living care.

Client Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Date of Birth: _____ Gender: Male Female
 Street Address: _____ Apartment: _____
 City: _____ State: _____ Zip: _____
 Marital Status: _____ Race: _____ Phone Numbers: _____
 Social Security Number: _____ Native Corporation: _____

Medical and Social Information

- Documentation need for assisted living care. (Describe disability, impairment or deficit.):

- Reason for recommending assisted living care rather than board and room, independent living, etc.:

- Specific services needed (e.g, provide transportation, make appointments, obtain prescriptions):

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- Type/amount of supervision needed (e.g., assist adult in keeping appointments, remind to take medication, supervise spending money, etc.):

- Goals for the placement:

- Expected duration of placement:
- Other agencies providing service to the client, type of service being provided, and contact person:
- Name of family/friend (if any), address and phone. Extent of involvement:
- Name of guardian (if any) address and phone:

Placement history:

- Significant information about behavior (adult's routines, likes, dislikes, strengths which need to be supported, problem areas):
- Plans for follow-up after placement (referring agency's involvement, other agencies' responsibilities):

Applicant's Monthly Income: \$ _____

Source of Income: Social Security Public Assistance VA Other

Describe

- Other significant information:

Send this and other completed forms to:
General Relief Program • Division of Senior and Disabilities Services
 550 W. 8th Avenue, Anchorage Alaska 99501 • Fax: (907)-269-4973