



General Relieve Assisted Living Care

ASSISTED LIVING CARE CONTRACT

Instructions: The Assisted Living Care contract specifies that the client's Personal Needs Allowance (PNA) is \$100 monthly.

I agree to stay at the Assisted Living Home with the understanding that I am responsible for payment to the facility of income available to me, minus \$100.00 a month for spending allowance.

The money that is paid by the State to cover my cost of care will be reimbursed when retroactive and other sources of payment become available to me. This amount paid will not be more than the amount the State has paid while in assisted living facility.

The money will be forwarded to the Division of Senior and Disabilities Services.

Client Signature _____ Date _____

Witness Signature _____ Date _____

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