



General Relief for Assisted Living Home Care

CLIENT ACTIVITY FORM

The GR Program must be notified within ten days of any client changes.

Client Last Name: _____ Client First Name: _____

Date of Birth: _____ Name of ALH reporting change: _____

What changed? Check all that apply and explain below

- Client moved in** Date: _____
- Client was absent from the ALH, but did not move out** Dates gone: _____ - _____
- Client moved to a new GR ALH** Date: _____

Name of New ALH: _____

- Client moved out, doesn't need/want GR** Date: _____

New Address/Location: _____ New Phone Number: _____

- Income or Resource Change-** describe below
- Request for Augmented Rate** – describe below, attach supporting documentation
- Application for Waiver or APA turned in** Date: _____

For Waiver - Care Coordinator: _____

- Client Died** Date: _____

Additional Information: (attach more pages as needed)

Name of Person Filling out Form: _____ Title: _____

Signature: _____ Date: _____

Send this form to:

General Relief Program • Division of Senior and Disabilities Services 550 W. 8th Ave. Anchorage, Alaska 99501 •
DSM: General.Relief@direct.dhss.akhie.com or fax: (907) 269-3648