



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