

**Senior and Disabilities Services
Home and Community Based Waiver Recipient Change of Status**

This form is provided for care coordinators to submit recipient status changes that are required to ensure program services and integrity. Note: Only the care coordinator of record recognized by SDS can submit to SDS for recipient updates. If you are not the recipient's care coordinator of record and have information regarding the status changes listed below, please contact the care coordinator for processing/submission.

Instructions:

- Please fill out the form as completely as possible.
- Print the form.
- Include copies of any legal representative changes if applicable.
- Then submit the form and any other documents:
 - By fax: 907-269-3639
 - By mail: Senior and Disabilities Services
550 W 8th Avenue
Anchorage, AK
99501

Care Coordinator submitting changes:

Care Coordinator phone number:

Care Coordinator email address:

Recipient name:

Recipient ID number:

Change of recipient address

Previous address

New address

Change of recipient phone number

Previous phone number

New phone number

Change of legal representative/custody (include copies of legal representative documents)

Previous legal representative

New legal representative

Change of name (include copies of documentation)

New name

Reason for name change

Admission and discharge to or from the hospital or long term care facility

Hospital or facility

Date of admit or discharge