



**Department of Family and Community Services**  
**Division of Alaska Pioneer Homes**  
**WAIT LIST APPLICATION INSTRUCTIONS**

**Eligibility Requirements for the Alaska Pioneer Homes Inactive and Active Waitlists**

- Minimum Age: 60 years old
- Alaska resident for one year immediately preceding application & maintain residency while on waitlist  
\*\*Per 7AAC 74.035, applicants must be physically present in Alaska for at least 185 days each year with intent to remain in state indefinitely and to make a home in the state. There are certain exceptions to these requirements, contact the Alaska Pioneer Homes Central Office at 907-465-4416 for details.\*\*

*The State of Alaska and its Pioneer Homes follow an equal opportunity policy and does not discriminate in regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, physical or mental ability, veteran status, military obligations, and marital status when determining eligibility. (7 MC 74.015)*

**Waitlist Preference**

Applicants may choose to be on either the Active or Inactive waitlist.

- Inactive waitlist: For individuals who are not ready to live in a Pioneer Home yet, but want to establish an application date.
- Active waitlist: For individuals prepared to move into a Pioneer Home within 30 days of being offered a room.

**Waitlist Application Documentation**

Documentation required to be placed on the waitlist is dependent upon desired waitlist branch. Forms are available at all Pioneer Homes, the Central Office or online at <https://dfcs.alaska.gov/daph/Pages/Forms.aspx>.

- Inactive Application:
  - a) *Waitlist Application*
  - b) *Proof of Age* – A copy of one of the following: I.D. card, driver’s license, passport, birth certificate or other government issued document that list date of birth. (Expired I.D.s are acceptable)
  - c) *Power of Attorney documents (only if applicable)*
- Active Application:
  - a) *Waitlist Application*
  - b) *Proof of Age* – A copy of one of the following: I.D. card, driver’s license, passport, birth certificate or other government issued document that list date of birth. (Expired I.D.s are acceptable)
  - c) *Certificate of Need form* – A self-assessment completed by the applicant or representative
  - d) *History & Physical form* – Completed by a health practitioner; OR a copy of the doctor’s notes from a visit within the last six months is an accepted alternative
  - e) *Power of Attorney documents (only if applicable)*

*\* Veterans choosing to be on the active waitlist for the Alaska Veterans and Pioneers Home will also need to provide a copy of their DD214 or other military discharge paperwork, complete a new VA 10-10EZ form and an Alaska Pioneer Homes’ VA Addendum form*

### **Tips for Completing the Waitlist Application**

- Waitlist Preference – As the same application is used to apply for both the Active and Inactive waitlists, specify which waitlist the application is for by selecting the “Active Waitlist” or “Inactive Waitlist” box.
- Pioneer Home Preference: Applicants may choose to be on the waitlist for more than one home. Numerically rank the desired home(s) (1, 2, 3, etc.), but only rank those that applicant is willing to live in.
- Eligibility & Verification – List the contact information for two adults who can be contacted as an alternate means to reach the applicant and to verify residency if needed.
- Witness (special cases) – A witness is required only for those applicants who sign the application with an “X”.

### **Transferring from the Inactive to the Active Waitlist**

Individuals on the inactive waitlist may transfer to the active waitlist by completing the following: 1) Waitlist Transfer/ Change Request form, 2) Certificate of Need form and 3) a health practitioner fills out the History & Physical form (or obtaining the doctor’s notes from a visit within the last six months).

### **Admission into a Pioneer Home**

Applicants on the active waitlist are admitted into a Pioneer Home on a space-available basis as determined by the date their application was received, the level of service vacancy and gender. The Pioneer Homes will conduct a New Resident Pre-Admissions Assessment prior to admission to determine the applicant’s appropriate level of service. Before admission into a Pioneer Home individuals must have, or have applied for, Medicare parts A, B & D or the equivalent and agree to pay the monthly fees as established by the Department of Family and Community Services (7 AAC 74.015). Individuals requiring a responsible party for payment of the monthly rates and fees must also provide a valid financial Power of Attorney, at the time of admission.

### **Transferring from the Active to the Inactive Waitlist**

Applicants will be transferred from the active to the inactive waitlist in the following situations:

- Applicant requests transfer via the Waitlist Transfer/Change form
- Applicant does not respond to a request from the Pioneer Home for an updated History & Physical form or Certificate of Need form within 60 days of the request
- Applicant does not respond to an invitation for assessment within 15 days of documented contact by the Pioneer Home
- Applicant declines an offer for an assessment
- Applicant declines a room offer (comes with a 180 day required stay on the inactive waitlist)

An applicant’s original application date is retained throughout their time on the waitlist, regardless of transfers between the Active and Inactive waitlists.

### **Maintaining Waitlist Status**

All applicants are required to respond to the annual Eligibility Verification letter that is mailed to them from Central Office on the anniversary of their application date. Failure to respond to the letter verifying eligibility will result in the individual being suspended from the waitlist and losing their original application date. They will be required to reapply and receive a new application date.

**If you have questions regarding the application or process, please contact the Division of Alaska Pioneer Homes:**

**Mail:** PO Box 112670 Juneau, AK 99811    **Phone:** (907) 465- 4416    **Email:** [alaskapioneerhomes@alaska.gov](mailto:alaskapioneerhomes@alaska.gov)

*Submitting an application for admission does not automatically mean approval.*



**Department of Family & Community Services**  
**Division of Alaska Pioneer Homes**  
**Wait List Application**

P.O. Box 112670  
 Juneau, AK 99811-2670  
 Toll Free: 888.355.3117  
 Main: 907.465.4416  
 Fax: 907.465.4108

<b>Office Use Only</b>	Last Name	First Name	Middle Initial
Location/Date Received			
Initials	Mailing	City	State Zip
	Resident Address <i>(if different from mailing)</i>	City	State Zip
Telephone Number (Home/Cell)	Email Address	Date of Birth (Month/Day/Year)	
Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Full Name as shown on birth record	Social Security Number	
State or Country of Birth	Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare Part B? <input type="checkbox"/> <input type="checkbox"/>	If No, mark status below:	
Do you have Medicare Part D? <input type="checkbox"/>	<input type="checkbox"/>	Visa <input type="checkbox"/> Refugee <input type="checkbox"/> Resident Alien <input type="checkbox"/>	
Do you have other insurance coverage? If so, please list:			
<b>Primary Point of Contact: For questions and/or potential Pioneer Home room offers</b>			
<input type="checkbox"/> <b>Applicant</b> <input type="checkbox"/> <b>Power of Attorney*</b> <input type="checkbox"/> <b>Other: Name &amp; Relationship:</b> _____ <small>(See pg 2 for details)</small>			
Phone: _____			
<b>Wait List Preference</b>			
<i>Please check one box only</i>			
<b>Active Waitlist</b>		<b>Inactive Waitlist</b>	
<input type="checkbox"/> Check this Box if you are willing to move into a Pioneer Home within <u>30 days</u> of receiving a room offer.		<input type="checkbox"/> Check this Box if you <b>ARE NOT</b> ready to enter an Alaska Pioneer Home. This will establish your application date.	
<b>Additional Items needed with an Active application:</b> <ul style="list-style-type: none"> <li>• <i>Proof of Age</i> – A copy of <u>one</u> of the following: ID card, Passport, Driver's License or Birth Certificate</li> <li>• <i>Certificate of Need</i> - Self assessment completed by you or representative</li> <li>• <i>History &amp; Physical</i> - Completed by a health practitioner</li> <li>• <i>Power of Attorney documents</i> (if applicable) - if designated on pg 2, provide copies of notarized documents that demonstrate legal authority.</li> </ul>		<b>Additional Items needed with an Inactive application:</b> <ul style="list-style-type: none"> <li>• <i>Proof of Age</i> – A copy of <u>one</u> of the following: ID card, Passport, Driver's License or Birth Certificate</li> <li>• <i>Power of Attorney documents</i> (if applicable) - If designated on pg 2, provide copies of notarized documents that demonstrate legal authority.</li> </ul>	
		<b>Veterans Choosing the Alaska Veterans &amp; Pioneers Home Waitlist (active applications only)</b> <ul style="list-style-type: none"> <li>• Veteran's Addendum</li> <li>• DD 214</li> <li>• VA 10-10 EZ</li> </ul>	
<b>PIONEER HOME PREFERENCE:</b> An applicant may choose to be on the waitlist for more than one home. <u>Numerically rank selected home(s) in order of preference</u> – only rank those that the applicant is willing to live in.			
_____ Alaska Veterans & Pioneers Home (Palmer) <i>(non-veterans accepted)</i>		_____ Fairbanks	
_____ Anchorage		_____ Juneau	
		_____ Ketchikan	
		_____ Sitka	
- Not all locations have to be ranked -			

**Waitlist Eligibility and Verification**

Month/Year most recent residency began?

Have you been a resident of Alaska for at least one year immediately preceding you signing of this application?

How many years have you lived in Alaska in your lifetime?

Yes  No

**List two adult Alaska residents who can verify your Alaska residency**

Printed Name

Printed Name

Mailing Address City State Zip

Mailing Address City State Zip

Relationship to Applicant Phone (home/cell)

Relationship to Applicant Phone (home/cell)

Email

Email

The adults listed above may be contacted to verify the following information regarding the applicant (to the best of their knowledge): (1) was an Alaska resident for the period indicated on this application, (2) is still an Alaska resident, and (3) was physically present in Alaska for at least one-half of the 12-month period ending on the date of this application or was absent for a reason explained in an attached statement.

**General Power of Attorney\* (if applicable)**

Name

Relationship to Applicant

Phone (home/cell)

Mailing Address City State Zip

Email

**If admitted to the Alaska Pioneer Home, I agree to conform to its rules and regulations, and pay the monthly fees to the State. I understand that information on this application may be verified by the State of Alaska. Under penalty of perjury, I certify this information to be true to the best of my knowledge. I further understand that I will be discharged from the waiting list or the Pioneer Home if I provided false information to gain admission. I also understand that I will be contacted annually regarding my Alaska residency and continued eligibility.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*NOTE: if you sign with an X, a witness to your signing this application is required below.*

*Signature of Witness* \_\_\_\_\_ *Date* \_\_\_\_\_



**Please remember to include the following additional items with your application as applicable:**

- **All Applications**  
**Proof of Age** - A copy of one of the following: ID card, passport, Driver's License or birth certificate  
**Power of Attorney** documents (if applicable)
- **Active Applications**  
**Certificate of Need**  
**History & Physical** (Completed by health practitioner)  
*\* For Veterans Choosing the Alaska Veterans & Pioneers Home (Palmer)*  
**Veteran's Addendum**  
**DD 214**  
**VA 10-10 EZ**

**Submit Completed Applications**

*Please do NOT email applications*

**Mail:** Division of Alaska Pioneer Homes  
 PO Box 112670  
 Juneau, Alaska 99811-2670

**Fax:** (907) 465-4108

**Drop Off:** Juneau Central Office or any Pioneer Home

For more information find us on the web:  
<https://dfcs.alaska.gov/daph>



Department of Family and Community Services
Division of Alaska Pioneer Homes

Certificate of Need

For Active Applications or Active Transfers Only

P.O. Box 112670
Juneau, AK 99811
Toll Free: 888.355.3117
Fax: 907.465.4108

As part of the active waitlist application/active transfer request, you must report your physical needs or other cause which prevents you from maintaining a household without regular assistance in shopping, housekeeping, meal preparation, dressing or personal hygiene.

For each "Activity of Daily Living" listed below, please check the box that best describes your situation:

Bathing Assistance:

- Never
Occasionally
Often
Always

Eating Assistance:

- Never
Occasionally
Often
Always

Housekeeping Assistance:

- Never
Occasionally
Often
Always

Dressing Assistance:

- Never
Occasionally
Often
Always

Moving About Assistance:

- Never
Occasionally
Often
Always

In Home Meal Prep Assist:

- Never
Occasionally
Often
Always

Grooming Assistance:

- Never
Occasionally
Often
Always

In/Out of Bed Assistance:

- Never
Occasionally
Often
Always

Memory Assistance:

- Never
Occasionally
Often
Always

Brushing Teeth Assistance:

- Never
Occasionally
Often
Always

Taking Medication Assistance:

- Never
Occasionally
Often
Always

Feeling Safe Assistance:

- Never
Occasionally
Often
Always

Toileting Assistance:

- Never
Occasionally
Often
Always

Shopping Assistance:

- Never
Occasionally
Often
Always

Do You Use?

- Walker
Cane
Wheelchair

Please describe any other assistance you require (i.e. assistive devices or services) :

Your signature below certifies that the information contained in this document is true and complete to the best of your knowledge.

Signature

Printed Name

Date

Name of Waitlist Applicant:



**Department of Family & Community Services**  
**Division of Alaska Pioneer Homes**  
**History and Physical Report**  
*For Active Applications & Active Transfers Only*

**P.O. Box 112670**  
**Juneau, AK 99811**  
**Ph: 888-355-3117/907-465-4416**  
**Fax: 907-465-4108**

Last Name	First Name	Middle Initial	Telephone Number	
Mailing Address	City	State	Zip	Date of Exam
Date of Birth	Age	Height	Weight	
Medical History:				
Surgical History:				
Family History:				
Social History:				
Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Further Information:			
Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Physical Examination</b>				
Blood Pressure	Temperature	Pulse	Respiration	O2 Stats
A. General appearance, nutrition, debility, hygiene, etc: _____				
B. Head and Neck: _____				
C. Nose & Throat: _____				
D. Dental: _____				
E. Lungs: _____				
F. Heart				
Vessels: _____				
Pulses: _____				
G. Abdomen				
Liver: _____				
Rectum: _____				
Hernias: _____				

History & Physical Examination Report

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Exam \_\_\_\_\_

H. Male Genitourinary  
Genitalia: \_\_\_\_\_  
Prostrate: \_\_\_\_\_

I. Female Pelvic: \_\_\_\_\_

J. Breast: \_\_\_\_\_

K. Lymph: \_\_\_\_\_

L. Endocrine: \_\_\_\_\_

M. Musculoskeletal: \_\_\_\_\_  
Back: \_\_\_\_\_  
Extremities: \_\_\_\_\_

N. Skin: \_\_\_\_\_

O. Psychiatric:  
Orientation:  Clear  Occasionally Disoriented  Disoriented  
Mood: \_\_\_\_\_  
Intellect: \_\_\_\_\_  
Short-Term Memory: \_\_\_\_\_  
Cooperation: \_\_\_\_\_

P. Behavior:  
 Appropriate  Inappropriate, Aggressive  Inappropriate, Assaultive  Inappropriate, Passive  
 Inappropriate, Suicidal, or otherwise dangerous to self or others  Wandering-Requires safeguards  
Describe behavior(s) & provide additional information as needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Neurological  
Cranial Nerves: \_\_\_\_\_  
Motor Reflexes: \_\_\_\_\_  
Sensory: \_\_\_\_\_  
Coordination: \_\_\_\_\_  
Vision: \_\_\_\_\_  
Hearing: \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Date of Exam \_\_\_\_\_

**Activities of Daily Living**

**Frequency of Assistance Needed for ADLs**

ADL	Never	Occasional	Often	Always
Bathing				
Dressing				
Grooming				
Oral Hygiene				
Toileting				
Eating				
Ambulation				
In/Out of Bed				
Taking Medication				
Walking up/down stairs				

**Extent of Assistance Needed for ADLs**

ADL	None	Minimum	Moderate	Max
Bathing				
Dressing				
Grooming				
Oral Hygiene				
Toileting				
Eating				
Ambulation				
In/Out of Bed				
Taking Medication				
Walk up and/or down stairs				

Uses:  Walker  Cane  Crutches  Wheelchair  Other: \_\_\_\_\_

Activity restrictions?  Yes  No

Dysphagia/Swallowing difficulties?  Yes  No

Is applicant in full control of bladder?  Yes  No

Is applicant in full control of bowels?  Yes  No

Further Information: \_\_\_\_\_

**Diet**

Food Allergies: (Please provide reaction to each food allergy) \_\_\_\_\_

\_\_\_\_\_

Regular  Soft  Low-Cal  Low Fat/Low Cholesterol  Salt Restricted  Diabetic

Fluid thickened: Consistency - \_\_\_\_\_  Other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Tuberculosis Status**

**Note: This section must be completed before admission**

Date of Last PPD: \_\_\_\_\_ Results of Last PPD: \_\_\_\_\_ mm

If history of positive PPD - CXR: \_\_\_\_\_ Medication Tx: \_\_\_\_\_

**Immunizations**

Date of Administration for the Following Immunizations:

Flu Vaccine: \_\_\_\_\_ Pneumovax: \_\_\_\_\_

Diphtheria/Tetanus: \_\_\_\_\_ Has applicant received complete Dip/Tet series? \_\_\_\_\_

Hepatitis A: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_

Zostavax: \_\_\_\_\_ COVID-19 Vaccine: \_\_\_\_\_



**History & Physical Examination Report**

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Exam \_\_\_\_\_

**Drug Allergies**

Please provide reaction to each allergy:

**Medications**

Medication	Dosage	Route	Frequency	Diagnosis	ICD10 Code

*Please attach additional medication information as needed*

**Diagnoses**

Primary Diagnosis:	ICD10 Code	Onset Date

*Please attach additional diagnoses information as needed*

**Lab Work**

Lab work pertinent to current diagnoses:

**Prognosis & Therapy Needs (if indicated)**

I certify that I examined \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
*Healthcare Practitioner's signature* National Provider Identifier # \_\_\_\_\_

\_\_\_\_\_  
Healthcare Practitioner's typed or printed name Street Address \_\_\_\_\_

\_\_\_\_\_  
Telephone City State Zip Code \_\_\_\_\_