



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

Office Use Only		Last Name	First Name	Middle Initial
Location/Date Received				
Initials		Mailing	City	State Zip
		Resident Address (if different from mailing)	City	State Zip
Telephone Number (Home/Cell)		Email Address		Date of Birth (Month/Day/Year)
Male <input type="checkbox"/>	Female <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"/> Yes <input type="checkbox"/> No		If No, mark status below: Visa <input type="checkbox"/> Refugee <input type="checkbox"/> Resident Alien <input type="checkbox"/>
Do you have Medicare Part D? <input type="checkbox"/>				
Do you have other insurance coverage? If so, please list:				
Primary Point of Contact: For questions and/or potential Pioneer Home room offers				
<input type="checkbox"/> Applicant <input type="checkbox"/> Power of Attorney* <input type="checkbox"/> Other: Name & Relationship: _____ (See pg 2 for details) Phone: _____				
Wait List Preference Please check one box only				
Active Waitlist		Inactive Waitlist		
<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) (non-veterans accepted) _____ Fairbanks _____ Ketchikan _____ Anchorage _____ Juneau _____ 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<p><b>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.</b></p>			
Signature of Applicant _____		Date _____	
<i>NOTE: if you sign with an X, a witness to your signing this application is required below.</i>			
Signature of Witness _____		Date _____	
<div style="display: flex; align-items: center;"> <div> <p style="color: red; margin: 0;"><b>Please remember to include the following additional items with your application as applicable:</b></p> <ul style="list-style-type: none"> <li><b><u>All Applications</u></b>  <b>Proof of Age</b> - A copy of one of the following: ID card, passport, Driver's License or birth certificate  <b>Power of Attorney</b> documents (if applicable)</li> <li><b><u>Active Applications</u></b>  <b>Certificate of Need</b>  <b>History &amp; Physical</b> (Completed by health practitioner)  <i>* For Veterans Choosing the Alaska Veterans &amp; Pioneers Home (Palmer)</i>  <b>Veteran's Addendum</b>  <b>DD 214</b>  <b>VA 10-10 EZ</b></li> </ul> </div> </div>		<p style="text-align: center; background-color: #f2f2f2; margin: -10px -10px 10px -10px;"><b><u>Submit Completed Applications</u></b></p> <p style="color: red; text-align: center; margin: 5px 0;"><i>Please do NOT email applications</i></p> <p><b>Mail:</b> Division of Alaska Pioneer Homes PO Box 112670 Juneau, Alaska 99811-2670</p> <p><b>Fax:</b> (907) 465-4108</p> <p><b>Drop Off:</b> Juneau Central Office or any Pioneer Home</p> <p style="text-align: center; margin-top: 20px;">For more information find us on the web:  <a href="https://dfcs.alaska.gov/daph" style="color: blue; text-decoration: underline;">https://dfcs.alaska.gov/daph</a></p>	