

**STATE OF ALASKA  
DIVISION OF ALASKA PIONEER HOMES**

<b>APPLICATION FOR PAYMENT ASSISTANCE</b>
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Residents of the Pioneer Homes are required to pay monthly rates and fees set by regulation, to reimburse the state for the cost of providing care. After paying monthly rent and ancillary charges residents should have at least \$300.00 left over each month to cover personal expenses. The State does not intend for any residents to leave the Pioneer Homes due to inability to pay.

To determine if a resident is eligible for the Payment Assistance Program, please read the booklet titled "Payment Assistance". If you have any questions regarding the Payment Assistance Program or the application process, please call the Pioneer Homes' Revenue Unit at (907) 465-4599. If you believe a resident is eligible, complete the enclosed four-page form and return it to:

State of Alaska  
Department of Family & Community Services  
Division of Alaska Pioneer Homes  
PO Box 112670  
Juneau, AK 99811-2670

Eligibility is determined by considering a combination of the resident's income and resources. Additional consideration is given to residents with a spouse or dependent living in the community.

Any resident approved for the Payment Assistance Program is required to have **Medicare Part A, Part B and Part D or the equivalent medical insurance coverage**. As a condition of receiving Payment Assistance a resident shall also apply for **Medicaid** and any other state or federal program that may reduce the amount of state assistance. *Alaska Regulation 7 AAC 74.040 and Alaska Statute 47.55.020*

**ELIGIBILITY FOR PAYMENT ASSISTANCE WILL NORMALLY BECOME EFFECTIVE THE MONTH FOLLOWING APPROVAL FOR PAYMENT ASSISTANCE.**

**ALASKA PIONEER HOMES APPLICATION FOR PAYMENT ASSISTANCE**

**NAME OF PIONEER HOME:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

Social Security #: _____	Level of Care: _____
Name of Person Completing Application: _____	
Relationship to Applicant: _____	
Mailing Address: _____	
Phone Number: _____	

As a resident of an Alaskan Pioneer Home this is my application for Payment Assistance. If approved, I realize I must have **Medicare Part A, Part B and Part D or the equivalent medical insurance coverage**. I affirm under penalty of perjury that the information on this application is true and complete to the best of my knowledge.

I understand that this information may be verified by the State of Alaska, and I hereby give my permission for that review. By a copy of this application (including a photocopy) I authorize all persons and entities to disclose to the State any information necessary to process my application for the Payment Assistance Program. I acknowledge my obligation to promptly report any future changes in income or resources to the Pioneer Home Revenue Unit.

I acknowledge that I am obligated to pay to the State, each month, the calculated Payment Assistance rate, toward the cost of my care. I understand that my failure to pay this amount may result in my eviction from the Pioneer Homes, and that the State may sue me to recover the sums that I have failed to pay. I also understand that any Payment Assistance given to me creates an indebtedness to the State, and that, under *Alaska Statute 47.55.080*, the State may, after my death, file a claim against my estate to collect on this indebtedness. **I understand that prior to applying for the Payment Assistance Program, I must apply for Medicaid** and any other state or federal programs that may reduce the amount of state assistance under *Alaska Statute 47.55.020.(e)*

Signature of Applicant <i>(Attach copy of a financial Power of Attorney or other authorizing document if signed by other than the applicant)</i>	Date
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Name of Witness	Signature of Witness	Date
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**ALASKA PIONEER HOMES APPLICATION FOR PAYMENT ASSISTANCE**

Name of Applicant: \_\_\_\_\_

Any current Pioneer Home resident may apply to the Payment Assistance Program. For those residents who are Level IV and V, proof of Medicaid status must be included. Acceptable evidentiary documentation includes one, or both, of the following:

**Copy of recent Medicaid or Medicaid Waiver application. Date of application:** \_\_\_\_\_

**Copy of recent Medicaid or Medicaid Waiver denial letter. Date of letter:** \_\_\_\_\_

Please submit copies of the **3 most current years' Federal Income Tax documentation**. If you have not filed a tax return for any or all of the past three years, please state the reason for each:

**APPLICANT'S GROSS MONTHLY INCOME**

Please list all below amounts in **gross income** (*income before any deductions made*) and provide most recent statement or pay stub for each(\*).

Social Security\* \_\_\_\_\_

Veteran's Benefits\* \_\_\_\_\_

Pensions/Annuities\* \_\_\_\_\_

Interest or Dividends\* \_\_\_\_\_

Other Income - describe\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY SPOUSE GROSS MONTHLY INCOME**

Does applicant have spouse living independently in the community (not in a care facility)? Yes  No

If Yes, name of spouse: \_\_\_\_\_

For a community spouse please list all below amounts in **gross income** (*income before any deductions made*) and provide most recent statement or pay stub for each(\*).

Social Security\* \_\_\_\_\_

Veteran's Benefits\* \_\_\_\_\_

Pensions/Annuities\* \_\_\_\_\_

Interest or Dividends\* \_\_\_\_\_

Other Income - describe\*:

\_\_\_\_\_  
\_\_\_\_\_

**ALASKA PIONEER HOMES APPLICATION FOR PAYMENT ASSISTANCE**

Name of Applicant: \_\_\_\_\_

Is the applicant's spouse a Pioneer Home resident? Yes  No

Does applicant have **Mediare Part A** (hospital insurance): Yes  No

Does applicant have **Mediare Part B** (medical insurance): Yes  No

Does applicant have **Mediare Part D** (prescription drug coverage): Yes  No

Are you current receiving **Medicaid** benefits? Yes  No

If Yes, please provide your Medicaid number: \_\_\_\_\_

Do you have **supplemental health insurance** coverage? Yes  No

If Yes, what is the monthly amount you pay? \$ \_\_\_\_\_

**\*Please include a copy of your most recent premium statement\***

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Account number: \_\_\_\_\_

Do you have **Long Term Care Insurance**? Yes  No

If Yes, what is the monthly amount you pay? \$ \_\_\_\_\_

**\*Please include a copy of your most recent premium statement\***

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Account number: \_\_\_\_\_

Do you receive dividends and/or own shares from corporations established under the **Alaska Native Claims Settlement Act**? Yes  No

If yes, please provide corporation name(s) & frequency of distribution:

\_\_\_\_\_  
\_\_\_\_\_

Do you receive an **Alaska Permanent Fund Dividend**? Yes  No

**ALASKA PIONEER HOMES APPLICATION FOR PAYMENT ASSISTANCE**

Name of Applicant:

As relevant to the applicant, for each of the resources listed in the table below please provide a corresponding value and description (please include any locations or account numbers as applicable).

<b>Resources</b>	<b>Value</b>	<b>Description (include location/account number)</b>
Cash/Savings/Checking <i>Copies 3 months of bank statements</i>		
Stocks/Investments <i>Copy most recent statement</i>		
Car: Primary *		
Car(s): Additional		
Boat/Plane		
Jewelry/Artwork		
Home (including Land): Primary * <i>Copy most recent statement</i>		
Other Real Estate <i>Copy most recent statement</i>		
Insurance: Life * <i>Copy most recent statement</i>		
Insurance: Burial * <i>Copy most recent statement</i>		
Insurance: Other * <i>Copy most recent statement</i>		
Commerical Fishing Permit		
Livestock/Major Equipment		
Other Resources		

*\* Value of these items not considered a resource or income for the purposes of determining eligibility for Payment Assistance Program*

Is Primary Home occupied by spouse or dependent?      Yes     No

**Total Resource Value:** \_\_\_\_\_

**ALASKA PIONEER HOMES APPLICATION FOR PAYMENT ASSISTANCE**

Name of Applicant:

**STATEMENT OF PROPERTY DISPOSED OF**

*Please identify any resource\* which has been given, sold, transferred or otherwise disposed of during the last 36 months. Give details, including account number, name and address of all accounts (including checking, savings, or brokerage firm).*

<b>Resource Description</b>	<b>Date of Disposition</b>	<b>Disposal Method</b>	<b>Value at time of Disposal</b>
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\*Resources include items such as property, automobiles, boats, jewelry (other than costume jewelry), cash, stocks, bonds, notes, livestock and major equipment.