



State of Alaska • Department of Health and Social Services Senior and Disabilities Services  
**Community First Choice (CFC) Program**

**CFC PROVIDER REQUEST INQUIRY**  
By a Personal Care Services (PCS) AGENCY  
**CHECKLIST**

- A complete CFC Program application on file with SDS within the last 12 months**
  
- Uni-16 Release of Information – authorizing PCS Agency**
  - Must be signed and dated by Recipient or legal representative
  - Must include expiration date or event
  - Must be dated within 12 months of submission
  - *Note: The general language in the “Person/Organization Releasing Information” paragraph covers all health care providers.*
  
- Legal Representative documents, if applicable**
  - Must include language that gives the representative authority to make medical decisions on behalf of the Recipient and must not be expired
  - For Legal Guardianship only – must include what the court has authorized the Guardian to do on behalf of the Recipient, typically titled Guardianship Plan or Findings and Order of Guardianship