



State of Alaska • Department of Health and Social Services Senior and Disabilities Services  
Home and Community Based Waiver Services  
**Alaskans Living Independently (ALI)**  
**Adults with Physical and Developmental Disabilities (APDD)**  
**Children with Complex Medical Conditions (CCMC)**

NFLOC (ALI/APDD/CCMC) PROVIDER REQUEST INQUIRY CHECKLIST

**Uni-05 Appointment for Care Coordination Services**

- Must be signed and dated Care Coordinator and Recipient or legal representative
- Select “Adults [Alaskans] Living Independently”, “Adults with Physical and Developmental Disabilities”, “Children with Complex Medical Conditions” or “Waiver/CFC Combination” as applicable in the drop-down prompt at the top of the page

**Uni-16 Release of Information – authorizing Care Coordinator and/or Care Coordination 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