



**Department of Health and Social Services  
Division of Alaska Pioneer Homes  
Wait List Application**

P.O. Box 110690  
Juneau, AK 99811-0690  
Toll Free: 888.355.3117  
Main: 907.465.4416  
Fax: 907.465.4108

<b>Office Use Only</b>	Last	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"/> Yes <input type="checkbox"/> No	If No, mark status below:	
Do you have Medicare Part D? <input type="checkbox"/> Yes <input type="checkbox"/> No		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> <small>(See pg 2 for details)</small> <input type="checkbox"/> <b>Other: Name &amp; Relationship:</b> _____ <div style="text-align: right;">Phone: _____</div>			
<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.  <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>		<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 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**

**Mail:** Division of Alaska Pioneer Homes  
 PO Box 110690  
 Juneau, Alaska 99811-0690

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

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

For more information find us on the web:  
<http://www.dhss.alaska.gov/daph>