State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Home and Community-based Waiver Services

Service Declaration: Residential Habilitation Services
Family Home Habilitation Site Information/Change of Status Report

Name of Provider Agency		Medicaid Provider #	

Instructions: *For each home, attach a copy of the assisted living home or foster home license. Use additional forms as needed. Change of status notification required **10 days prior to change**. List the type of change: add, remove, or change (address, contact information). If listing for renewal certification and there has been no change list N/C.*

Adult Service Sites						
Name of Home	Primary Contact	Physical Address	Telephone Number	License Number	Add/Remove/Change No Change (N/C)	Effective Date

Child Service Sites						
Name of Home	Primary Contact	Physical Address	Telephone Number	License Number	Add/Remove/Change No Change (N/C)	Effective Date

Provider Assurances

I certify that the information, regarding family homes in which residential habilitation services are provided, is true, accurate, and complete.

_____ _____

Owner/Administrator/Director Signature *Print Name*

_____ _____

Title Date