



**State of Alaska • Department of Health • Division of 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 – must be signed and dated by Superior Court Judge or Magistrate