**State of Alaska/Department of Health/Division of Behavioral Health**

**Alaska Community Living (ACL) Program**

**Resident Notification Form**

**Resident Information**

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Assisted Living Home: Click or tap here to enter text.

**Notification: Check all that apply and explain below**

*The following must be reported within 5 calendar days:*

**Resident absence that was not planned (e.g., left without warning, went missing, etc.)**

**Resident does not adapt or requires more care than the ALH can provide**

**Resident moved out**

**ALH requests that resident move out**

**Resident incarceration**

**Resident death**

*The following must be reported within 14 calendar days:*

**Resident hospitalization**

**Resident absence from the home for social reasons**

**Change in resident income or resources**

**Dates resident was absent from the ALH:** Click or tap here to enter text.

**Provide an explanation of events:** Click or tap here to enter text.

**Name of person filling out form:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Signature:**

**Date:** Click or tap here to enter text.

**Send this form via DSM to:** [**doh.dbh.aclprogram@hss.soa.directak.net**](mailto:doh.dbh.aclprogram@hss.soa.directak.net)

***Failure to notify the Division of Behavioral Health of an absence may result in termination of the Provider Agreement*.**