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

General Relief for Assisted Living Home Care
CLIENT ACTIVITY FORM

The GR Program must be notified within ten days of any client changes

Client Last Name:_____ Client First Name:_____

Date of Birth:_____ Name of ALH reporting change:_____

What changed? Check all that apply and explain below

☐ Client moved in (must complete ROI below): Date: _____

☐ Client was absent from the ALH, but did not move out: Dates Absent:_____ _____

☐ Client moved to a new GR ALH: Date: _____

Name of New ALH: _____

☐ Client moved out, doesn't need/want GR: Date:_____

New Address/Location:_____New Phone Number: _____

☐ Income or Resource Change, describe below and attach supporting documents:

☐ Request for Augmented Rate: describe need for augmented rate in the "Additional Information" text box below
- ☐ Attach a current Physician's Report (can use pages 7 and 8 of GR-01), or Physician's Statement, or Physical History report from the most recent office visit
- ☐ Application for Waiver turned in: Date: _____
- ☐ Care Coordinator named on waiver application:_____

☐ Client Died Date: _____

Additional Information: (attach more pages as needed)

Name of Person Filling out Form:_____ Title:_____

Signature: Date: _____

Send this form to: General Relief Program • Division of Senior and Disabilities Services 1835 Bragaw St. Suite 350 Anchorage, Alaska 99508 or by DSM E-Mail only: General.Relief@hss.soa.directak.net, or fax: (907) 269-3648

Release of Information

I _____ authorize _____
(Recipient Name) (Name of Assisted Living Home)
to release any personal or health care information to Senior and Disabilities Services and I authorize Senior and Disabilities Services to release any personal, financial or health care information to _____ (Name of Assisted Living Home) that is needed to determine my eligibility to receive or continue to receive services and other benefits through programs managed by the State.

_____ Date: _____
Signature of Recipient