



**State of Alaska • Department of Health • Division of Senior and Disabilities Services
Community First Choice (CFC) Program**

**CFC PROVIDER REQUEST INQUIRY
By a Care Coordinator
CHECKLIST**

Uni-05 Appointment for Care Coordination Services

- Must be signed and dated Care Coordinator and Recipient or legal representative
- Select “Community First Choice (CFC) – only” or “Waiver/CFC Combination” as applicable in the drop-down prompt at the top of the page

Uni-16 Release of Information – authorizing Care Coordinator and/or Care Coordination 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