

**State of Alaska  
Department of Health  
Division of Health Care Services  
Residential Licensing**



**Application for License to Operate an Assisted Living Home:  
Household Member Worksheet**

If you indicated other individuals will be residing at the Assisted Living Home, Please provide their name, date of birth, and relationship, of any individuals, of any age, that will be residing in the Assisted Living Home. This does not include the Administrator or residents. Please included required documentation. Add additional pages if needed. (Please note: all household member over the age of 16 years old will be required to complete a background check and be associated with the facility; follow the instructions at the end of New Home Assisted Living Home Application).

Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Relationship: \_\_\_\_\_

- Copy of government issued photo identification (if applicable)
- Documentation of Clearance from Active Tuberculosis (TB)

Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Relationship: \_\_\_\_\_

- Copy of government issued photo identification (if applicable)
- Documentation of Clearance from Active Tuberculosis (TB)

Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

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