



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

Assisted Living Home License Renewal Application

Please read this application carefully and answer ALL applicable questions. Incomplete applications will be returned to the applicant for completion. If you have questions regarding any information requested on this application, please contact: (907) 334-2400 to speak with a licensing specialist or contact your assigned licensing specialist.

1. Name of Assisted Living Home (as listed on license): _____

2. Owner of License: The owner is the individual or legal entity responsible for operation of the assisted living home and will be listed as the owner on the license:

Owner: _____

Current Administrator: _____

Name of Person Completing App: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone number: _____ Fax Number: _____

3. Physical Address - Please provide the current physical address of the Assisted Living Home:

Physical Address: _____

City: _____ State: _____ Zip Code: _____

4. Mailing Address - Please provide the current mailing address of the Assisted Living Home.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

5. List any Changes - please list any changes that have occurred during the Home's licensing period, this may include any changes in the Home's policies and procedures or changes in the Entity (ownership changes), include documents with application. (Some changes may require submission of a modification application.)

6. Business License - Attach a copy of your current Business License, Certificate of Organization, and most recent Report filing.

7. General Variance Continuation Request -

Does the Home have any currently approved general variances? Yes No

Does the Home wish to request continuation of those approved general variances? Yes No

If yes, please list below the statute and/or regulation the variance was granted for, if the variance is for specific resident provide the resident's first and last name and date of birth.

8. Renewal Capacity - please indicate the capacity of the Home for the renewed license.

Number of Residents: _____

9. Renewal fees - Please include check or money order with this application.

Renewal licensure for one or two residents: \$25.00

Renewal licensure for three (3) or more residents: * _____ x \$25.00= _____
*Number of residents

Total fee enclosed: _____

This is to certify that this applicant agrees:

To comply with applicable licensing statutes and regulations, including but not limited to AS 47.05, AS 47.32, AS 47.33, 7 AAC 10 and 7 AAC 75. To keep records necessary to demonstrate compliance with the statutes and regulations governing licensure of assisted living homes and to make such records available to the Department of Health, or its authorized representatives, upon request. To permit representatives of the Department of Health access to inspect the assisted living home, review records, including files of individuals who received services from the assisted living home; interview staff; and interview individuals receiving services from the assisted living home.

I attest that I am a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized by the Immigration and Naturalization Service to work in the United States. By my signature below, I certify that the information contained in this application and applicable attachments is true, accurate, and complete.

Signature of Applicant

Date

Printed Name of Applicant

Submit Completed Application to:

State of Alaska
DOH/Division of Health Care Services
Residential Licensing
4601 Business Park Blvd, Bldg K
Anchorage, AK 99503

For Residential Licensing Use Only:

Reviewed by: _____

Date: _____