

Location/Date/Time Received	<b>ALASKA PIONEERS' HOME</b> <b>APPLICATION FOR ADMISSION</b> Department of Administration - Division of Alaska Longevity Programs PO Box 110211 - Juneau, AK 99811-0211 - (907) 465-4400
Initials	

**Wait List Preference**  
**PLEASE CHECK ONE BOX ONLY**

<input type="checkbox"/> <b>ACTIVE WAIT LIST</b> Check the ACTIVE Box if you wish to be considered for admission <b>IMMEDIATELY</b> and you are prepared to enter a Pioneers' Home within 30 days of invitation. You will be contacted by mail for further information regarding your medical status and your need for services.	<input type="checkbox"/> <b>INACTIVE WAIT LIST</b> Check the INACTIVE Box if you <b>DO NOT</b> wish to enter a Pioneers' Home at this time. You may change your status to ACTIVE at any time without a change in your original application date.
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**PIONEERS' HOME PREFERENCE:** Indicate your **FIRST** choice of home by placing the appropriate letter in the box (If you are applying to more than one home, indicate your second, third, fourth, fifth, and sixth choices in the same manner)

CHOICES:     
  1ST   
  2ND   
  3RD   
  4TH   
  5TH   
  6TH

**A.** Anchorage Pioneers' Home   
**B.** Fairbanks Pioneers' Home   
**C.** Juneau Pioneers' Home  
**D.** Ketchikan Pioneers' Home   
**E.** Palmer Pioneers' Home   
**F.** Sitka Pioneers' Home

Last Name	First Name	Middle Initial	Social Security Number
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Mailing Address (include city, state and ZIP code)	Telephone Number
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Resident Address (if different from mailing address)	Male <input type="checkbox"/> Female <input type="checkbox"/>
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Date of Birth (Month/Day/Year)	Full name as shown on birth record	State or Country of Birth
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**You must submit proof of age**

Have you been a resident of Alaska for one year immediately preceding your signing of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many total years have you lived in Alaska during your lifetime? _____ Month/Year residency began _____
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Do you receive the Longevity Bonus? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Will you require payment assistance immediately upon entering a Pioneers' Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>NO</b> , please circle status below:  VISA    REFUGEE    RES    ALIEN
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Do you have Medicare Part A or other Insurance Coverage?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Part B?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Other, please list: \_\_\_\_\_

**Responsible Party**

Name	Relationship to Applicant
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Mailing Address	Phone
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## Eligibility Verification by Two Adults Who Know You

The statement below must be read and signed by two adults who know you.

I certify that to the best of my knowledge and belief, the applicant (1) was an Alaska resident for the entire period indicated on this application, (2) is still an Alaska resident, and (3) was physically present in Alaska for at least one-half of the 12-month period ending on the date that I sign this application or was absent for a reason explained in an attached statement.

I understand that a false claim of eligibility to obtain admission to a Pioneers' Home will invalidate this application. I also understand that I may be contacted by the Alaska Department of Administration, Division of Alaska Longevity Programs, regarding the eligibility of the applicant.

Signature of (Spouse, Relative or Friend)		Signature of (Spouse, Relative or Friend)	
Printed Name		Printed Name	
Mailing Address		Mailing Address	
City, State and ZIP Code		City, State and ZIP Code	
Social Security Number		Social Security Number	
Date	Daytime Phone	Date	Daytime Phone

If admitted to the Alaska Pioneers' Home, I agree to conform to its rules and regulations, and pay the monthly fees to the State. I understand that information on this application may be verified by the State of Alaska. Under penalty of perjury, I certify this information to be true to the best of my knowledge. I further understand that I will be discharged from the waiting list or the Pioneers' Home if I provided false information to gain admission. I also understand that I will be contacted annually regarding my Alaska residency and continued eligibility.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you sign with an **X**, a witness to your signing this application is required below.

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

For more information you may contact  
 State of Alaska  
 Department of Administration - Division of Alaska Longevity Programs  
 465-4400