

**State of Alaska**  
**Department of Health and Social Services**  
**Division of Public Health**  
**Certification & Licensing**

**Application for Assisted Living Home License**

1. Name of the Assisted Living Home and the administrator. (7AAC 75.080)
  
2. Physical address of the home or proposed new location. (7 AAC 75.080)
  
3. Mailing address if different from the physical address. (7 AAC 75.080)
  
4. Individual completing this form. (7 AAC 75.080)

Name and title:

Mailing address:

Phone number:

Fax number:

Email address:

5. Does an association, corporation, or other entity operate the home? **IF YES**, attach a list with the information listed below for each member of the board or governing body and the executive director of the board. **IF NO**, go to item 6. (7 AAC 75.210)

Yes \_\_\_\_\_

No \_\_\_\_\_

Name and title, mailing address, phone number, fax number and email.

6. Are there individuals having an ownership interest in the home, not listed in 4 or 5? **IF YES**, attach a list with the following information for each individual. **IF NO**, go to item 7.

Name and title:

Mailing address:

Phone number:

Fax number:

Email address:

7. Is the home a unit or subunit of government? **IF YES**, complete the items listed below. **IF NO**, go to item 8. (7 AAC 75.080)

Name and title:

Mailing address:

Phone number:

Fax number:

Email address:

8. Who is the owner of the building in which the home will be located? (7 AAC 75.080)

Name and title:

Mailing address:

Phone number:

Fax number:

Email address:

9. Who is the administrator of the home? (7 AAC 75.080)

Name and title:

Mailing address:

Phone number:

Fax number:

Email:

10. Number of individuals within the maximum occupancy number established by the fire safety inspection required under 7 AAC 75.270 that a home for six or more residents intends to serve. \_\_\_\_\_ (7 AAC 75.080)

11. Number of individuals, age 18 and older that the home intends to serve by their primary diagnosis and license you are applying for: (7 AAC 75.080 and 7 AAC 75.020)

**\*Choose only one category**

\_\_\_\_\_ A. Primary diagnosis of mental illness and/or developmental disability

**OR**

\_\_\_\_\_ B. Residents who are physically disabled, elderly or suffering from dementia, but are not chronically mentally ill

12. Type of license for which you are applying: (7 AAC 75.020, 7 AAC 75.040, 7 AAC 75.050, 7 AAC 75.060, 7 AAC 75.070, 7 AAC 75.080)

\_\_\_\_\_ Voluntary- for homes serving one or two adult resident(s) not otherwise required AS 47.32.010 and 47.32.020 to be licensed, but that wishes to become licensed voluntarily.

\_\_\_\_\_ Provisional- for homes that have not previously been licensed under AS 47.33 or AS 47.32.

13. Are you seeking a permanent or temporary variance? **IF YES**, indicate which type of variance you are seeking. **IF NO**, go to item 14.

Variance type:

14. Application fees (7 AAC 75.100)

A. **VOLUNTARY**- serving one (1) or two (2) resident(s).  
 Base application and resident fees = \$25.00

**B. PROVISIONAL**

Number of Residents	Base Fee +	Resident Fee =	Total Fee
3	\$75	0	\$75
4	\$75	\$25	\$100
5	\$75	\$50	\$125
6	\$150	0	\$150
7 or more	\$150	\$25 each resident	

C. Total fee enclosed \_\_\_\_\_

I certify that this information is true, complete, and contains no willful misrepresentation or falsification to the best of my knowledge and belief. I understand that under AS 47.32.080 and AS 47.32.090:

- The license may not be transferred to a different location, individual, or organization without the approved license modification (7 AAC 75.130).
- The Assisted Living Licensing staff may inspect an assisted living home **at any time** to determine compliance with AS 47.32 and AS 47.33. I must permit representatives of the licensing agency to inspect my home.
- At least once each year, the department will monitor an assisted living home or will require the home to submit a self-monitoring report to the department on a form supplied by the department.

\_\_\_\_\_  
 Signature of Administrator

\_\_\_\_\_  
 Date

**NOTARIZED** \_\_\_\_\_  
**NOTARY PUBLIC IN AND FOR ALASKA**

**MY COMMISSION EXPIRES** \_\_\_\_\_

