

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

Notice of Relocation or Closure of an Assisted Living Home
As 47.33.080

_____ HEREBY GIVES NOTICE TO
(ASSISTED LIVING HOME)

each resident of the home, all resident's representatives, and all care coordinators, case managers, or program or service coordinators for residents of the ____ relocation or ____ closure of _____.

Relocation

The Assisted Living Home intends to relocate to _____
_____ on or about _____, 20_____.

Closure

The Assisted Living Home intends to close on or about _____, 20_____.

This Notice is being given not later than:

- (a) 14 days before change in the mailing address; or
- (b) **90 days** before relocation or closure of Assisted Living Home

Representative
Assisted Living Home

Title: _____

DATE: _____