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

NOTICE OF RESIDENT'S TEMPORARY ABSENCE AND INTENT TO RETURN

AS 47.33.050

_____ _____
Resident's Name Assisted Living Home

Soc. Sec. # _____-____-_____ Date Left_____

Date of Birth _____/_____/_____ Expected Return_____

Reason for Temporary Absence

_____

_____

_____

I, _____ agree that _____
Resident's Name Assisted Living Home

may charge me _____ per day during my temporary absence. I also

understand that _____ can continue to charge me
Assisted Living Home

_____ per day until I, or my representative, give written notice to

_____ that I do not intend to return.
Assisted Living Home

RESIDENT OR
RESIDENT'S REPRESENTATIVE

REPRESENTATIVE
ASSISTED LIVING HOME

_____ _____

Title:_____

DATE:_____ DATE:_____