

Location/Date/Time Received	ALASKA PIONEER HOMES APPLICATION FOR ADMISSION Department of Health & Social Services - Division of Alaska Pioneer Homes PO Box 110690 Juneau, AK 99811-0690 Phone: (907) 465-4416 FAX: (907) 465-4108
Initials	
Date of Birth(Month/Day/Year)*	*Proof of age must be submitted with this application. Please send a copy of one of the following: driver's license, passport, ID card, or birth certificate

Wait List Preference.
PLEASE CHECK ONE BOX ONLY

<input type="checkbox"/> ACTIVE WAIT LIST Check the ACTIVE Box if you wish to be considered for admission IMMEDIATELY and you are prepared to enter a Pioneer 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"/> INACTIVE WAIT LIST Check the INACTIVE Box if you DO NOT wish to enter a Pioneer Home at this time. You may change your status to ACTIVE at any time without a change in your original application date.
---	---

PIONEER 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 Pioneer Home **B.** Fairbanks Pioneer Home **C.** Juneau Pioneer Home
D. Ketchikan Pioneer Home **E.** Palmer Pioneer Home **F.** Sitka Pioneer Home

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

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 _____
---	---

Do you receive Senior Care Assistance? <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 If NO , please circle status below: VISA REFUGEE RES ALIEN
Will you require payment assistance immediately upon entering a Pioneers' Home? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have Medicare Part A or other Insurance Coverage? Yes No Part B? Yes No

If Other, please list: _____

FINANCIAL POWER OF ATTORNEY

Name	Relationship to Applicant	
Mailing Address (Where to receive mail on behalf of resident)		Phone

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, the applicant (1) was an Alaska resident for the 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 Health & Social Services, Division of Alaska Pioneer Homes, 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	
Relationship to Applicant		Relationship to Applicant	
Date	Daytime Phone	Date	Daytime Phone

If admitted to the Alaska Pioneer 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 Pioneer 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 _____

Send application to:
Division of Alaska Pioneer Homes
PO Box 110690
Juneau, Alaska 99811-0690
OR FAX: (907) 465-4108
For more information find us on the web: <http://www.hss.state.ak.us/dalp/>

