



**Department of Health and Social Services  
Division of Alaska Pioneer Homes  
Wait List Application**

P.O. Box 110690  
Juneau, AK 99811-0690  
Toll Free: 888.355.3117  
Main: 907.465.4416  
Fax: 907.465.4108

<b>Office Use Only</b>	Last Name	First Name	Middle Initial
Location/Date/Time Received			
Initials	Mailing	City	State Zip
	Resident Address (if different from mailing address)	City	State Zip
Date of Birth (Month/Day/Year)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security Number	Telephone Number
State or Country of Birth	Full Name as shown on birth record	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years have you lived in Alaska during your lifetime?	Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Please circle status below: Visa    Refugee    Res. Alien	
Month/Year residency began?	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		
<b>Wait List Preference</b> Please check one box only			
<b>Active Wait List</b>		<b>Inactive Wait List</b>	
<input type="checkbox"/> Check this box if you are prepared to be considered for admission within 30 days of an invitation.		<input type="checkbox"/> Check this box if you <b>ARE NOT</b> ready to enter an Alaska Pioneer Home. This will establish your application date.	
<b>Additional Items needed with an Active application</b> Proof of Age - One of the following: ID card, Passport, Driver's License or Birth Certificate  Certificate of Need - Self assessment completed by you or your power of attorney  History & Physical - Completed by a Physician  Power of Attorney documents- if applicable: If designated on pg 2, provide copies of notarized documents that demonstrate legal authority.		<b>Additional Items needed with an Inactive application</b> Proof of Age - One of the following: ID card, Passport, Driver's License or Birth Certificate  Power of Attorney documents- if applicable: If designated on pg 2, provide copies of notarized documents that demonstrate legal authority.	
		<b>Veteran's Choosing the Palmer Pioneer Home Waitlist</b> Veteran's Addendum DD 214 VA 10-10 EZ	
<b>PIONEER HOME PREFERENCE:</b> An applicant may choose to be on the waitlist for more than one home. Enter the letter of home in order of preference. However a home should only be selected if the applicant is willing to live in that location.			
1st      2nd      3rd      4th      5th      6th <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>Choices:</b> A. Anchorage Pioneer Home      B. Fairbanks Pioneer Home      C. Juneau Pioneer Home D. Ketchikan Pioneer Home      E. Palmer Pioneer Home      F. Sitka Pioneer Home			
Do you have Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Medicare Part D? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have other insurance coverage? If so, please list:	

**Eligibility and Verification**

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

Signature of (Relative, Spouse or Friend)	Signature of (Relative, Spouse or Friend)
Printed Name	Printed Name
Mailing Address City State Zip	Mailing Address City State Zip
Relationship to Applicant	Relationship to Applicant
Date Daytime Phone	Date Daytime Phone

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.

**General Power of Attorney (if applicable)**

Name	Relationship to Applicant
Mailing Address City State Zip	Phone Number

**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 \_\_\_\_\_



**Please Remember to Include the Additional Items needed with your application**

**All Applications**

**Proof of Age** - One of the following: ID card, Passport, Driver's License or Birth Certificate

**Power of Attorney** (if applicable) - If designated above, provide copies of notarized documents

**Active Applications**

**Certificate of Need** -Self assessment completed by you or your power of attorney

**History & Physical** - Completed by a Physician

**For Veterans Choosing the Alaska Veteran's Palmer Pioneer Home Waitlist**

**Veteran's Addendum**

**DD 214**

**VA 10-10 EZ**

Send application to:  
Division of Alaska Pioneer Homes  
PO Box 110690  
Juneau, Alaska 99811-0690

For more information find us on the web: <http://www.hss.state.ak.us/dalp/>