



Department of Family and Community Services
Division of Alaska Pioneer Homes

Certificate of Need

For Active Applications or Active Transfers Only

P.O. Box 112670
Juneau, AK 99811
Toll Free: 888.355.3117
Fax: 907.465.4108

As part of the active waitlist application/active transfer request, you must report your physical needs or other cause which prevents you from maintaining a household without regular assistance in shopping, housekeeping, meal preparation, dressing or personal hygiene.

For each "Activity of Daily Living" listed below, please check the box that best describes your situation:

Bathing Assistance:

- Never
Occasionally
Often
Always

Eating Assistance:

- Never
Occasionally
Often
Always

Housekeeping Assistance:

- Never
Occasionally
Often
Always

Dressing Assistance:

- Never
Occasionally
Often
Always

Moving About Assistance:

- Never
Occasionally
Often
Always

In Home Meal Prep Assist:

- Never
Occasionally
Often
Always

Grooming Assistance:

- Never
Occasionally
Often
Always

In/Out of Bed Assistance:

- Never
Occasionally
Often
Always

Memory Assistance:

- Never
Occasionally
Often
Always

Brushing Teeth Assistance:

- Never
Occasionally
Often
Always

Taking Medication Assistance:

- Never
Occasionally
Often
Always

Feeling Safe Assistance:

- Never
Occasionally
Often
Always

Toileting Assistance:

- Never
Occasionally
Often
Always

Shopping Assistance:

- Never
Occasionally
Often
Always

Do You Use?

- Walker
Cane
Wheelchair

Please describe any other assistance you require (i.e. assistive devices or services) :

Three horizontal lines for describing other assistance.

Your signature below certifies that the information contained in this document is true and complete to the best of your knowledge.

Signature Printed Name Date

Name of Waitlist Applicant: