



## General Relief for Assisted Living Home Care

### CLIENT ACTIVITY FORM

The GR Program must be notified within ten days of any client changes.

Client Last Name: \_\_\_\_\_ Client First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Name of ALH reporting change: \_\_\_\_\_

**What changed? Check all that apply and explain below**

**Client moved in** Date: \_\_\_\_\_

**Client was absent from the ALH, but did not move out** Dates gone: \_\_\_\_\_ - \_\_\_\_\_

**Client moved to a new GR ALH** Date: \_\_\_\_\_

Name of New ALH: \_\_\_\_\_

**Client moved out, doesn't need/want GR** Date: \_\_\_\_\_

New Address/Location: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

**Income or Resource Change-** describe below

**Request for Augmented Rate** – describe below, attach supporting documentation

**Application for Waiver or APA turned in** Date: \_\_\_\_\_

For Waiver - Care Coordinator: \_\_\_\_\_

**Client Died** Date: \_\_\_\_\_

**Additional Information:** (attach more pages as needed)

Name of Person Filling out Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this form to:

General Relief Program • Division of Senior and Disabilities Services 550 W. 8th Ave. Anchorage, Alaska 99501 •  
fax: (907) 269-4973