State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
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 (must complete ROI below): Date: _____

☐ Client was absent from the ALH, but did not move out: Dates Absent:_____- _____

☐ 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 and attach supporting documents:

☐ Request for Augmented Rate: describe need for augmented rate in the "Additional Information" text box below
- ☐ Attach a current Physician's Report (can use pages 7 and 8 of GR-01), or Physician's Statement, or Physical History report from the most recent office visit
- ☐ Application for Waiver turned in: Date: _____
- ☐ Care Coordinator named on waiver application:_____

☐ 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 or by DSM E-Mail only: General.Relief@hss.soa.directak.net, or fax: (907) 269-3648

Release of Information

I _____ authorize _____
(Recipient Name) (Name of Assisted Living Home)
to release any personal or health care information to Senior and Disabilities Services and I authorize Senior and Disabilities Services to release any personal, financial or health care information to _____ that is needed to determine my eligibility to receive or continue to (Name of Assisted Living Home) receive services and other benefits through programs managed by the State.

_____ Date: _____
Signature of Recipient