

ASSISTED LIVING FACILITY OCCUPANCY

Member's Name (*Last, First, M.I.*): _____

AHCCCS ID No.: _____

Program Contractor Name: _____

I understand that, as an ALTCS member living in an Assisted Living Facility, I can choose to live by myself or have a roommate.

My choice for staying at (*Name of assisted living facility*) _____
is (*check one choice below*):

Single occupancy (one person per room)

Shared occupancy (at least 2 persons per room)

Shared occupancy until single occupancy becomes open

I understand that I may change my decision at any time and still remain at this facility.

Member / Responsible Person's Name (*Please print*): _____

Relationship to Member: _____

Member / Responsible Person's Signature: _____ Date: _____

I hereby **CHANGE** my choice. My new choice is (*check one choice below*):

Single occupancy (one person per room)

Shared occupancy (at least 2 persons per room)

Shared occupancy until single occupancy becomes open

Member / Responsible Person's Name (*Please print*): _____

Relationship to Member: _____

Member / Responsible Person's Signature: _____ Date: _____

Original – Assisted Living Facility, **Copy** – Member/Responsible Person, **Copy** – ALTCS Case Management File