DSHS WASHINGTON STATE Department of Social and Health Services

Home and Community Living Administration

# Residency Agreement Language

Effective January 1, 2026, for existing and future residents with Medicaid as a payor, Home and Community Based facilities must complete a signed, written Residency Agreement with each resident.

You may use the language below to create your own Residency Agreement or add the language to your admission documents.

Pursuant to WAC 388-78A-2651(5) for Assisted Living Facilities (ALF), WAC 388-76-10506(5) for Adult Family Homes (AFH), and WAC 388-107-0161(5) for Enhanced Services Facilities (ESF), the residency agreement must be in substantially the following form:

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| **Your facility name** agrees to comply with the long-term care resident's rights statute transfer and discharge requirements pursuant to RCW 70.129.<br><br>Subject to legislative appropriation **resident name** has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at (888) 437-0017. |
| Signature of Resident Date |
| If signed by legal representative, print name here. |
| Signature of Legal Representative Date |
| Signature of Facility Staff Date |
| Name of Facility Staff, print name here. |

For additional resources and information, the Department has updated the following **optional** forms for use by AFH, ALF, and ESF:

- DSHS 15-458 AFH / ALF / ESF Notice of Transfer or Discharge
- DSHS 16-280 Individual Home and Community Based Settings (HCBS) Checklist for Residential Provider Resource
- DSHS 10-270 AFH / ALF / ESF Admission Agreement(s) Attestation