Adult Family Home
Policies and Procedures Attestation

_____ declares and states as follows:
(Print Name)

1. I am the Applicant / Entity Representative of _____ and attest (Name of Home) that the information provided in this document is based on personal knowledge, and I have been duly authorized by the Home to make the representations stated herein.
2. I hereby certify that _____ has developed and will implement (Name of Home) the policies and procedures necessary to:
   - Maintain or enhance the quality of life for residents including resident decision-making rights and mandated reporting requirements;
   - Provide the necessary care and services for residents, including those with special needs;
   - Safely operate the home; and
   - Operate in compliance with applicable state and federal laws including, but not limited to, Chapters 70.128, 70.129, and 74.34 RCW, and any applicable rules under these statutes.
3. I also certify that the home's policies and procedures agree with all of the laws and rules that apply to the home and the home's operations. At a minimum the policies and procedures cover all of the care and services the home provides. These policies include, but are not limited to, the following:
   1) Notice of Rights and Services provided in the home, consistent with WAC 388-76-10530;
   2) Accepting Medicaid as a payment, consistent with WAC 388-76-10522;
   3) Medication Disposal, consistent with WAC 388-76-10490;
   4) Response to medical emergencies, consistent with WAC 388-76-10250;
   5) Preventing and responding to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident, consistent with WAC 388-76-10675;
   6) Disclosure of Services form (DSHS 10-508), consistent with WAC 388-76-10532;
   7) Emergency and Disaster Plan, consistent with WAC 388-76-10830;
   8) Respiratory Protection Program, consistent with Labor and Industries regulations; and
   9) Succession Plan, consistent with WAC 388-76-10201.

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

I understand I am required to maintain the policies in Section 3 and make them available to department staff upon request.

Signature (for sole proprietors one or both applicants may sign)	Date
Printed Name	Title / Role