DSHS
WASHINGTON STATE Department of Social and Health Services

RESIDENTIAL CARE SERVICES (RCS)

Adult Family Home (AFH) Personnel Changes

ADULT FAMILY HOME NAME	
LICENSE NUMBER	UBI NUMBER

This form should be used in compliance with Washington Administrative Code (WAC) 388-76-10041 to notify the department when officers, directors, members, or owners change. If a change of ownership as defined under WAC 388-76-10105 is required, please complete the online Adult Family Home Online Application and do not use this form.

I am notifying the department that my adult family home is (please check all that apply):

☐ Adding someone to the entity ☐ Removing someone from the entity

Instructions – Incomplete forms will not be accepted:

1) List all the officers, directors, members, and owners that will be affiliated with the entity after the proposed change.
2) Complete all columns for each person listed. The percentage of ownership should total 100%, except in the case of non-profit corporations.
3) Attach copies of Background checks and Final Fingerprint results conducted in compliance with WAC 388-76-10160 through 1081. *Attach copy of RCS Character, Competence, and Suitability (CCS) review form, if applicable.
4) Attach a signed and dated relinquishment statement from each officer, director, member, or owner who is to be removed from affiliation with the entity.
5) Email the completed form and applicable attachments to BAAU@dshs.wa.gov.

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	ROLE IN THE OPERATION OF THE ADULT FAMILY HOME	HAS CONTROL* OF THE PROVIDER?	% OF OWNERSHIP (FOR NON-PROFIT CORPORATIONS, THIS SHOULD BE 0)	Background Check Central Unit | DSHS COPIES OF BACKGROUND CHECKS AND FINAL FINGERPRINTS ATTACHED?	SIGNATURE OF INDIVIDUAL
			☐ Yes ☐ No	%	☐ Yes	
			☐ Yes ☐ No	%	☐ Yes	
			☐ Yes ☐ No	%	☐ Yes	
			☐ Yes ☐ No	%	☐ Yes	
			☐ Yes ☐ No	%	☐ Yes	

* **Control** means the possession, directly or indirectly, of the power to direct the management, operation, and/or policies of the adult family home, whether through ownership, voting control, by agreement, by contract or otherwise. (WAC 388-76-10105)

By signing this form, I attest on behalf of this entity that everyone listed on this form meets the qualifications required for their position under WAC Chapter 388-76 and WAC Chapter 388-112A. I also attest that residents have been notified of this change.

SIGNATURE OF PERSON COMPLETING THIS FORM DATE	PRINT NAME HERE
EMAIL ADDRESS	TITLE