Home and Community Living Administration (HCLA)
Assisted Living Facility (ALF)

ALF Change in Licensed Resident Bed Capacity or Use of Rooms

Facility Name	License Number	Email Address (Required)	
Name of Contact	Telephone Number (with area code)		Date

Assisted Living Facility (ALF) per resident bed fee is $381; if there are less than 12 months before your license expires, you will need to pro-rate this fee. Make check or money order payable to Washington State Treasurer and mail application and any applicable fees to: HCLA Budget and Finance Unit, PO Box 45600, Olympia, WA 98504-5600. Please overnight to 4500 10th Ave. SE, Lacey WA 98503, to expedite payment.

Please be sure to write the Assisted Living Facility license number on your check as well as the reason for the payment. Remember, the capacity increase **is not in effect until you receive a revised license and letter** from the department verifying that the capacity increase is approved.

If you are requesting a capacity decrease, scan this form to RCSBOA@dshs.wa.gov (no fee required).

Indicate Type of Change

Capacity **Increase** of _____ beds.

Capacity **Decrease** of _____ beds.

Total beds to be licensed: _____

INDICATE ROOM LOCATION(S)

Please mark the applicable box and provide documentation as indicated.

☐ This is not required if a new facility license has been issued within the last six months due to construction approved by the Department of Health, Construction Review Services.

☐ This is a currently licensed facility which is required to provide the facility's updated room list that identifies which beds / rooms are licensed.*

☐ This request is for "standby" beds / rooms, write anywhere on the updated room list the number of beds / rooms applicable.

* **Note: So as not to delay your request, this information, plus any required fees, must be received before your request can be processed.**

Please type or print clearly. Answer all questions and follow all instructions. It is the responsibility of the licensee to submit a complete application. **Refer to WAC 388-78A-2800, 2810, and 2880.**

Direct questions regarding this application to **360-725-3700**. This form may be photocopied.

Signature Date

For HCLA Fiscal Use Only	For HCLA / REC Use Only