DSHS
WASHINGTON STATE Department of Social and Health Services

Home and Community Living Administration (HCLA)

Adult Family Home
Financial Solvency Information

Application Number

Facility Information

Adult Family Home Name	Person's First and Last Name

Adult Family Home Address	City	State	Zip Code

Delinquent Account Information

For the purposes of determining financial solvency, debt becomes delinquent when it has not been paid for more than 30 days beyond the date it was due.

List below your delinquent accounts	Outstanding balance amount	What is this for (credit card, mortgage, etc.)? (Completed by applicant or individual)
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
Total Amount Due	$	

Verification of Payment for Delinquent Account(s)

If you have any delinquent debt not related to medical debt, you have two options:

1) Withdraw your application; or 2) Resolve your delinquent account(s).

Payment arrangements are not acceptable.

Provide a written letter from the financial institution(s) or collection agency stating the account(s) are no longer delinquent.

Intent to Pay Back "Medical Delinquent Account(s) Only"

Provide a brief statement if you are making payments towards the delinquent medical account(s). If you have established a re-payment plan, please provide a copy. If you have delinquent debt not related to medical debt, you have two options: 1) Withdraw your application; or 2) Resolve your delinquent account(s). Payment arrangements are only acceptable for medical debt.

I attest that the information provided is accurate and/or true. Failure to provide the required information could result in the application being voided and/or offered to be withdrawn.

SIGNATURE OF PERSON COMPLETING FORM	DATE