Consent to Release and/or Use Confidential Information
for Completing an Adult Family Home License Application

Name of proposed Adult Family Home	Address

Must be signed and dated by:

- Sole Proprietor or Entity Representative
- Spouse or domestic partner of sole proprietor
- Spouse or domestic partner of entity representative
- Entity Owners, Partners, Officers, Directors (includes all members of corporation)
- Resident Manager
- Any person(s) who will live in the Adult Family Home

Do not include residents or any person under the age of 11.

I consent to the release and use of confidential information about me within the Department of Social and Health Services (DSHS) for purposes of licensing and contracting. I grant permission to DSHS and any agency, division, office, or the police to use my confidential information and disclose information to other parts of the department as appropriate. The department may define some or all of such information as public information and also disclose this information to third parties when requested according to law to the extent that such information is not exempt from such disclosure by state or federal law. Information may be shared verbally or by computer, mail, or hand delivery.

I am aware that the department is required to respond to requests for disclosure of information from the public. The department may only withhold information if a specific disclosure exemption exists. (RCW 42.56, Chapter 388-01 WAC)

I understand that the Department will obtain a credit report for the sole proprietor and their spouse or domestic partner, the entity representative with an ownership interest in the business and their spouse or domestic partner, and all entity owners, partners, officers, members, and directors of the corporation to determine financial solvency.

This consent is valid for as long as I am the person named in this application. A copy of this form is valid for my permission to release and use this information.

Parent of guardian's signature if individual is under 18.

Name of individual (please print)	Signature	Date