Request for Adult Family Home Application Fee Waiver Change of Ownership or Revocation

Use this form to request a one-time waiver of the Adult Family Home (AFH) application fee in accordance with RCW 70.128.060, WAC 388-76-10064, and WAC 388-76-10074. Approval of any waiver granted under this statute is at the sole discretion of the Department of Social and Health Services (department), for the purpose of removing barriers to licensure that would otherwise result in the relocation of residents.

Substitute House Bill (SHB) 1132, Chapter 66, Laws of 2015, allows the department to authorize a one-time waiver of the AFH application fee in cases where the department determines that an AFH is being relicensed because of exceptional circumstances, such as death or incapacity of a provider, and that to require the full payment of the licensing fees would present a hardship to the applicant.

SHB 1132 also allows the department to waive the AFH Administrator training course for up to four months if the application meets all the other licensing requirements and all components of WAC 388-76-10074. If you have not completed the AFH Administrator training course, the department will also consider this a request for waiver of the AFH Administrator training course for up to four months.

This form does not substitute for a completed AFH application and may not be used to request any other type of waiver or exemption.

Email the completed request form to BAAU@dshs.wa.gov for processing prior to submitting your AFH license application. BAAU will review your information and contact you by email with the department's decision.

General Information	
1. Name of Current Adult Family Home	
2. Name of Current Owner / Licensee	
3. Address of Adult Family Home	4. Current License Number
5. Name of Applicant	
6. Name of Proposed Adult Family Home	
Explanation of Exceptional Circumstances (please attached additional paper if needed)	
Explanation of Financial Hardship (please attach additional paper if needed)	
Applicant's Signature	Date