



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
ADSA, OFFICE OF RATES MANAGEMENT

**ADSA** Aging & Disability  
Services Administration

**NH SAFETY NET ASSESSMENT (SNA) RECONCILIATION FORM**

FACILITY NAME :	
VENDOR NO :	
PROVIDER ONE NO :	
NH LICENSE NO :	

	<b>CHECK #</b>		<b>AMOUNT DUE</b>	

**REMIT TO:**

Department of Social and Health Services  
P.O. Box 9501  
Olympia, Washington 98507-9501

**On the lower left-hand corner of your check, please write "2011 SNA Reconciliation"  
and give NH License #**