Adult Family Home License Web Application

Version 1.4

January 2024

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Adult Family Home Application Documents

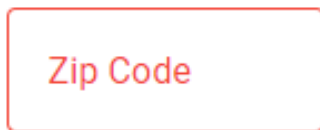| Supporting Documentation		
Document Name	**Required**	**Roles**
Internal Revenue Service (IRS) - EIN Assignment Letter (To obtain an EIN contact the IRS at 1-800-829-4933)	Required	
Master Business license		
Secretary of State Document		
Property Owner(s) Written Statement	Required if property owner not listed as other role in AFH Organization	Property Owner
Proof of Education - WAC-388-76-10130(2)	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Government Issued Identification	Required	Sole Proprietor, Co-Applicant, Entity Representative
Adult Family Home Caregiving Experience Attestation (Form DSHS 10-417)		Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Adult Family Home Administrator Training Certificate	Required	Sole Proprietor, Co-Applicant, Entity Representative
First Aid/CPR Certificate(s) – This course must be taken in person per WAC 388-112A-0710	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Washington State Food Worker Card	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Home Care Aide Certification or Proof of Exemption per WAC 246-980-025	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Dementia Specialty Training	Required if providing support for dementia	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Mental Health Specialty Training	Required if providing support for mental health	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Developmental Disability Training	Required if providing support for developmental disabilities	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Background Check Authorization (DSHS 09-653)	Required	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Non-Resident Living In Home, Spouse or domestic partner of an entity representative with an ownership interest in the business
DSHS Fingerprint Results	May be provided after submitting application - Required for final license approval	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Spouse or domestic partner of an entity representative with an ownership interest in the business
Consent to Release and/or Use Confidential Information (DSHS 27-222)	Required	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Non-Resident Living In Home, representative with an ownership interest in the business
Adult Family Home Building Inspection Checklist	Required for Initial and Relocation Applications	
Adult Family Home Floor Plan	Required	
Adult Family Home Policies and Procedures Attestation (DSHS 27-223)	Required	
Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)	Only required if the Adult Family Home will use a management company	
Adult Family Home Disclosure of Services (DSHS 10-508)	Required	
Adult Family Home License Relinquishment Letter (DSHS 10-412)	Required if Change of Ownership Application	
60-Day Change of Owner Notice to residents – WAC 388-76-10106	Required if Change of Ownership Application	
30-Day Notice to residents – WAC 388-76-10110	Required if Relocation Application	

Things to Remember When Completing the Application

1. If the adult family home name or legal entity has the following symbols, do not use them: &, =, or +. There is a technical issue, and we ask that you replace them doing the following:

    (and)
    (equals)
    (plus)

    For each one of these, make sure to include the parentheses.

2. The page currently be worked on must be completed and saved before the next page is available.

3. Not all pages may need to be completed.

4. A required field becomes red with a message if missed or when the page is saved.

    Zip Code

    The Zip Code field is required.

5. The *Save and Continue* button displays different messages if something required is missed.

    SAVE AND CONTINUE

6. Only file types of JPEG, PNG, JPG, GIF, TIFF, .doc, .docx, .rtf, .xls, .xlsx, .csv, and PDF can be uploaded for supporting documentation.

7. When uploading the supporting documentation, keep the names of the files short and do not use numbers, symbols, and spaces.

8. If the entity representative has ownership in the AFH and has a spouse or domestic partner, the applicant must select the Spouse or State Registered Domestic Partner role on the Individuals & Roles page to include them.

9. If there are issues with the web application, click on the HelpDesk email in the side menu and include the following in the email.

    a. The application type.
    b. The page being worked on.
    c. The error that was received.
    d. Preferred method of contact, email, phone, etc.

    HelpDesk:
    BAAUWebAppSupport@dshs.wa.gov

10. For instructions on how to complete the application, click on the Instructions link in the side menu.

Instructions

Chapter 1: SAW and Logging In

Welcome to the Department of Social & Health Services (DSHS) Adult Family Home License Web Application. To complete the application, a Secure Access Washington (SAW) account must be created. If the applicant already has a SAW account, go to section B in this chapter.
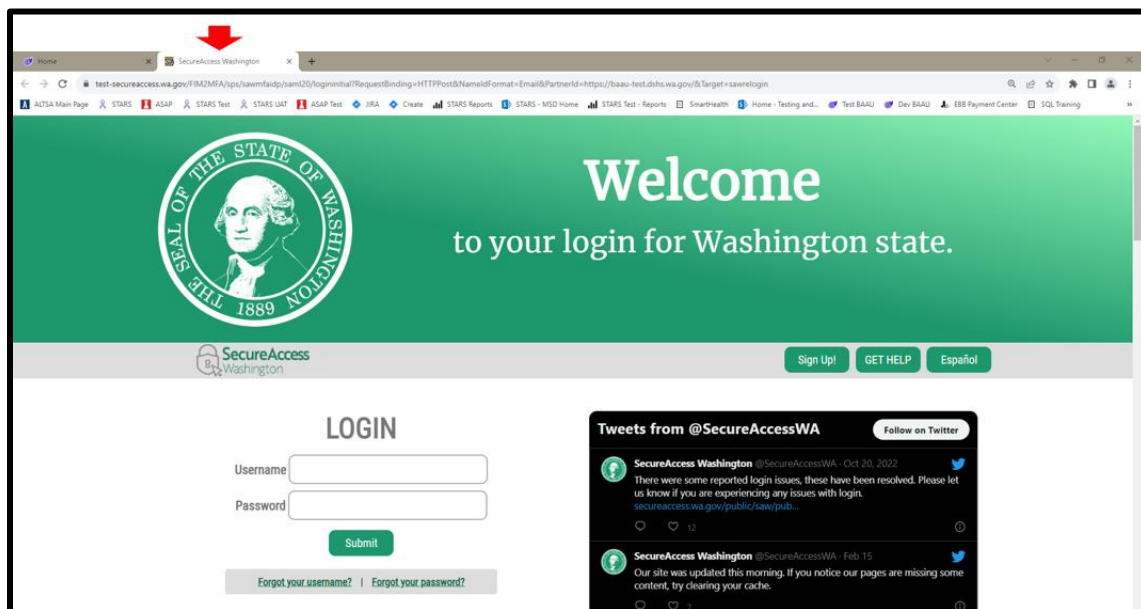
A. Create a new SAW Account

1. Go to the ALTSA website at https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers.

2. Under Quick Links, click on AFH Online License Application.
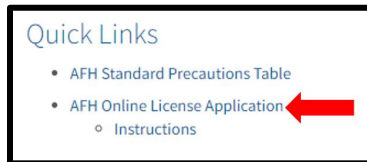
3. The *Login required* page appears. Click on *Open Login Window*.
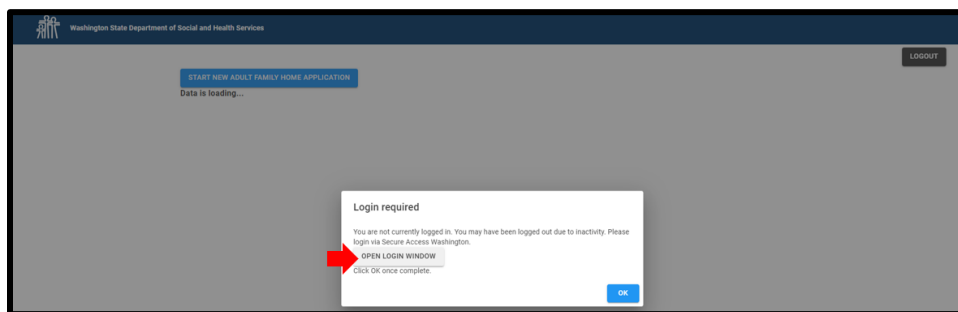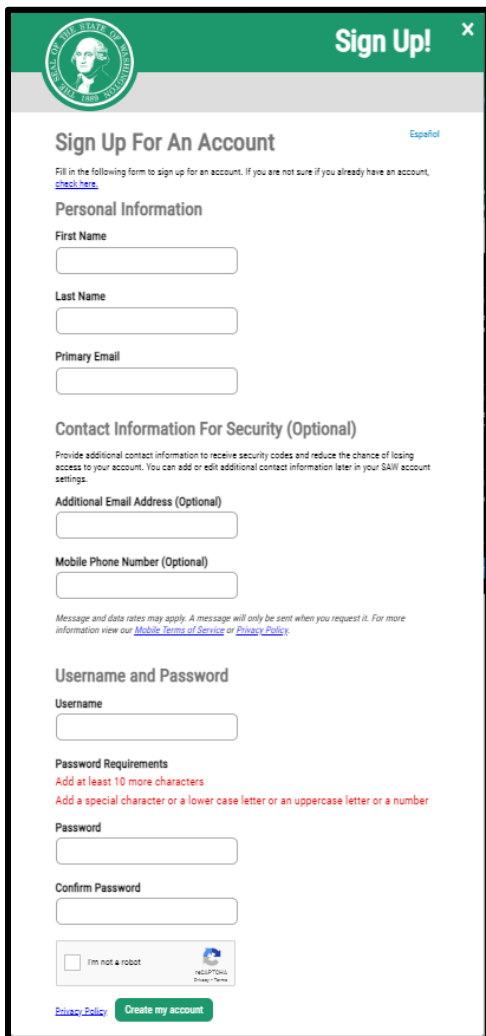
4. A new tab appears.

5. Click on *Sign Up!*
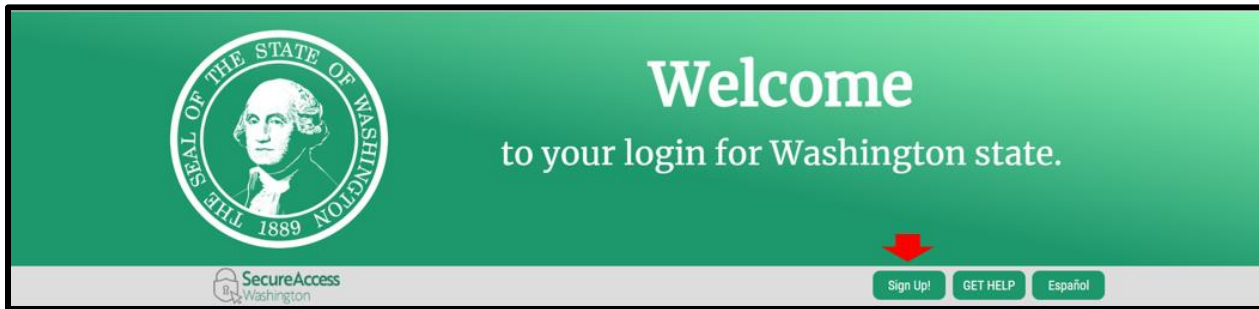
6. Complete the *Sign Up for An Account* page.

7. An email will be sent to validate the email address.
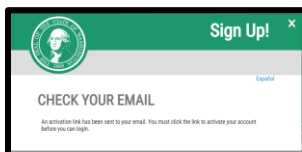
8. Click the link in the email.
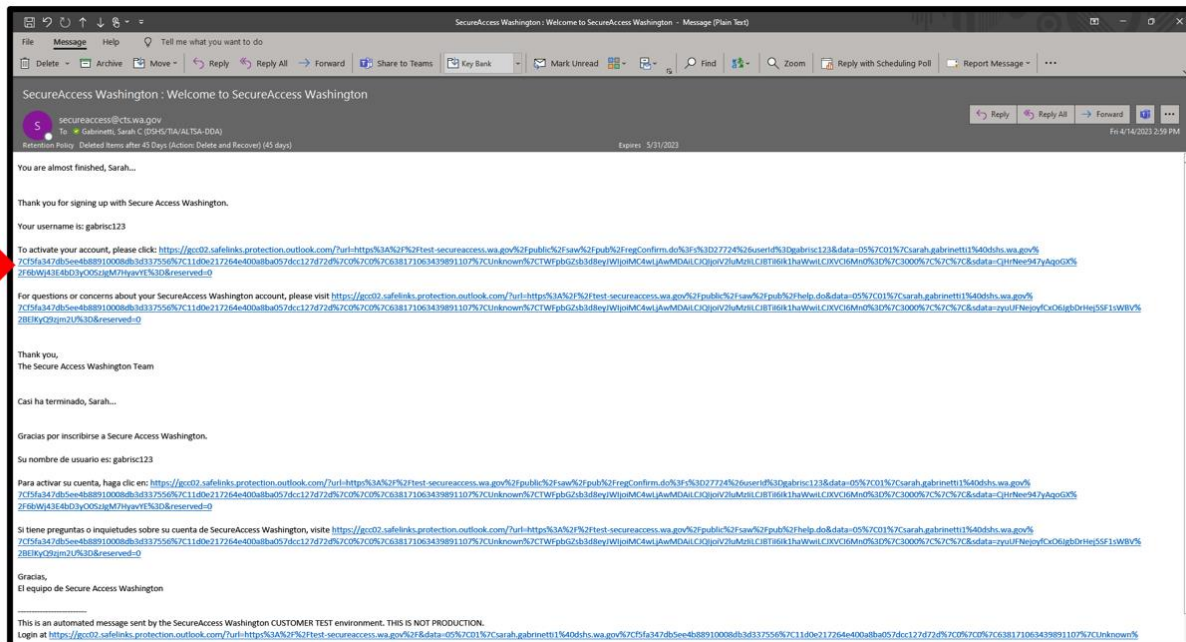
9. The *SAW Login* page appears with a message that the account is activated.
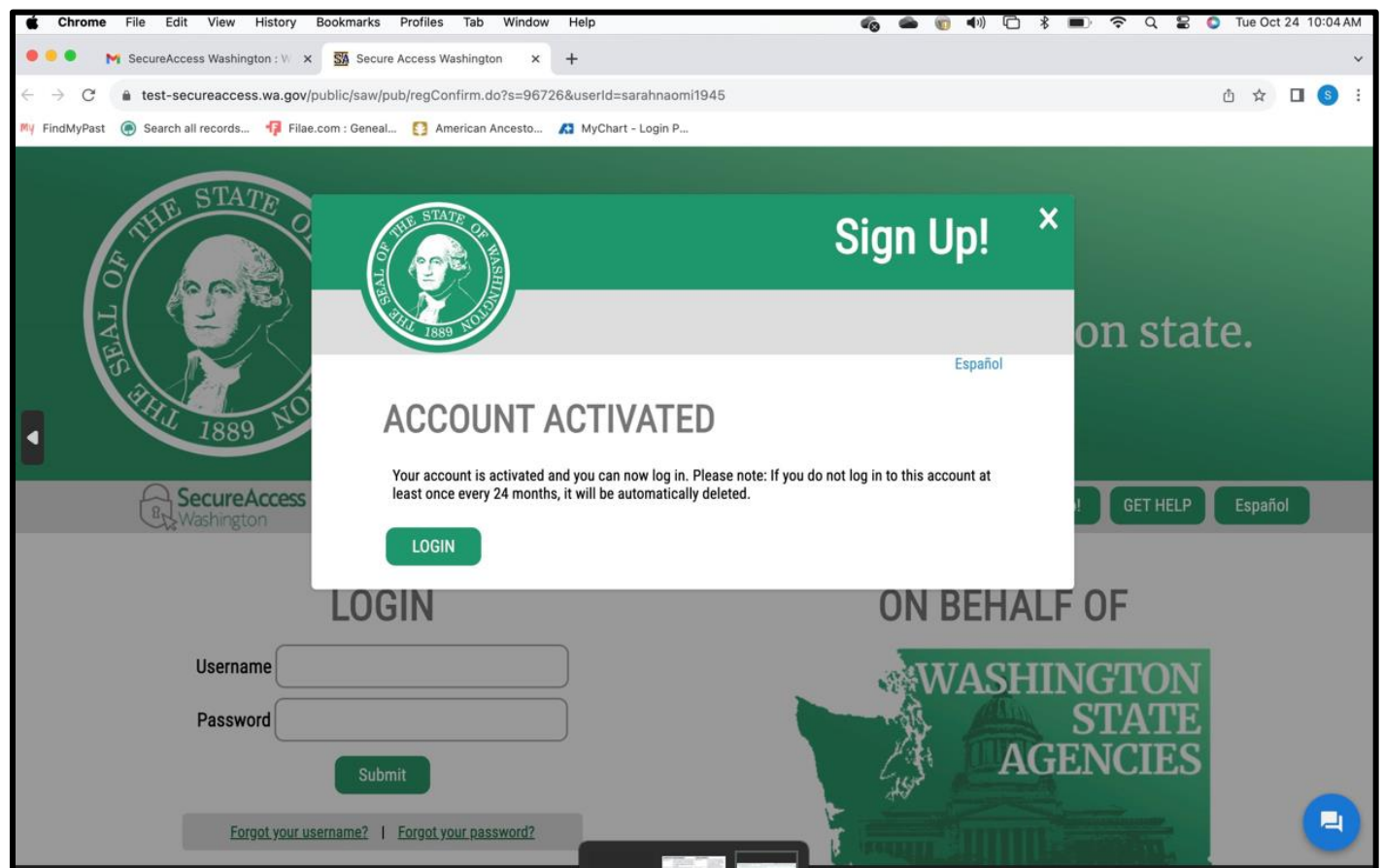
10. Close the web browser. Do not click on Login.
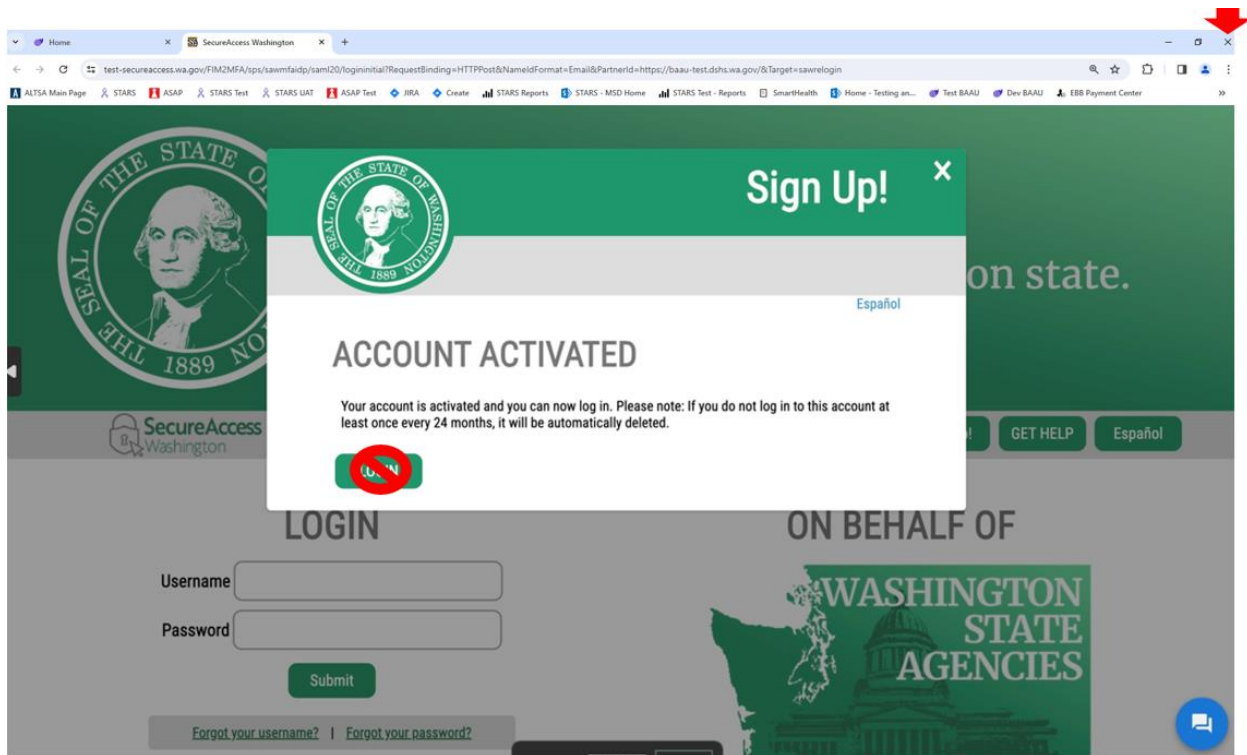
B. Log in to the Web Application

1. If the applicant already has a SAW account or just created one, they need to now log into the application.

2. Go to the ALTSA website at https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers.

3. Under Quick Links, click on AFH Online License Application.
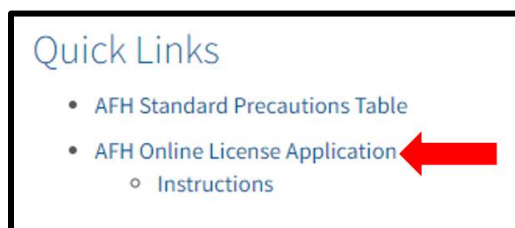
4. The *Login required* page appears. Click on *Open Login Window*.
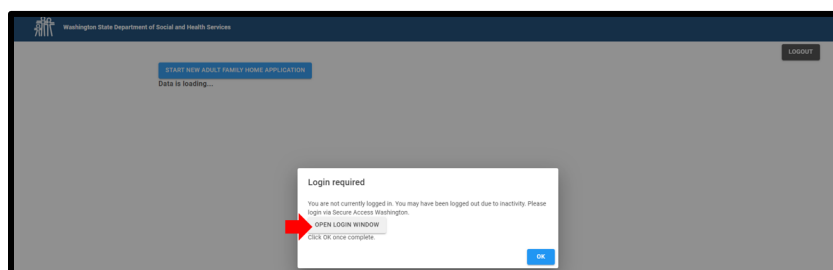
5. A new tab appears.
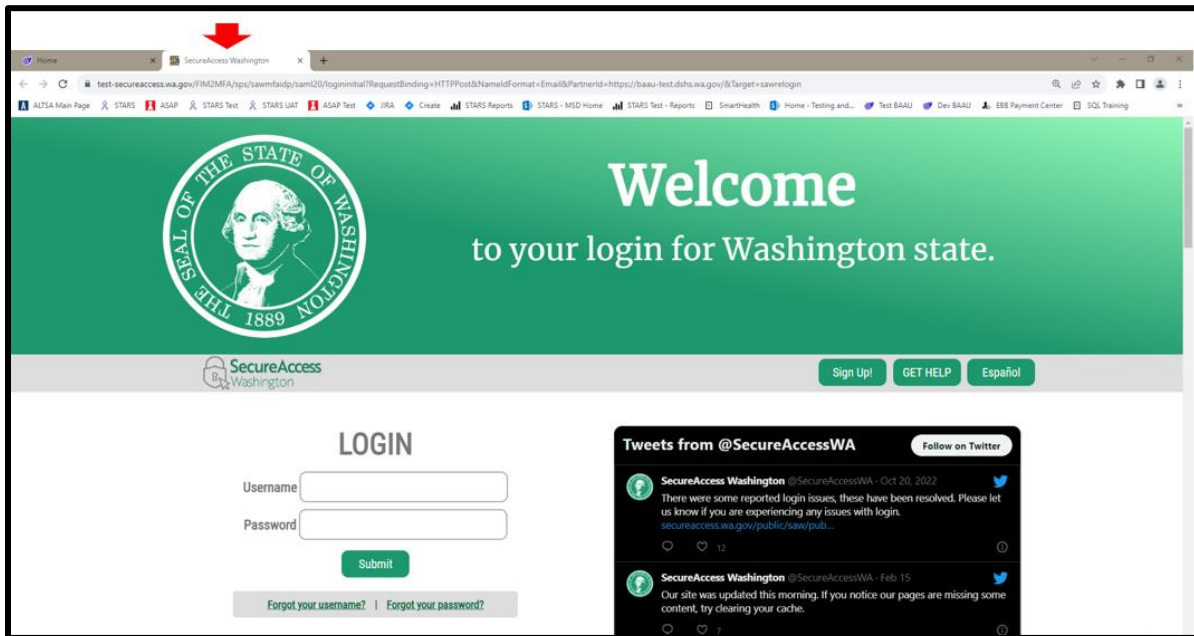
6. Fill in the *Login* information and click on *Submit.*
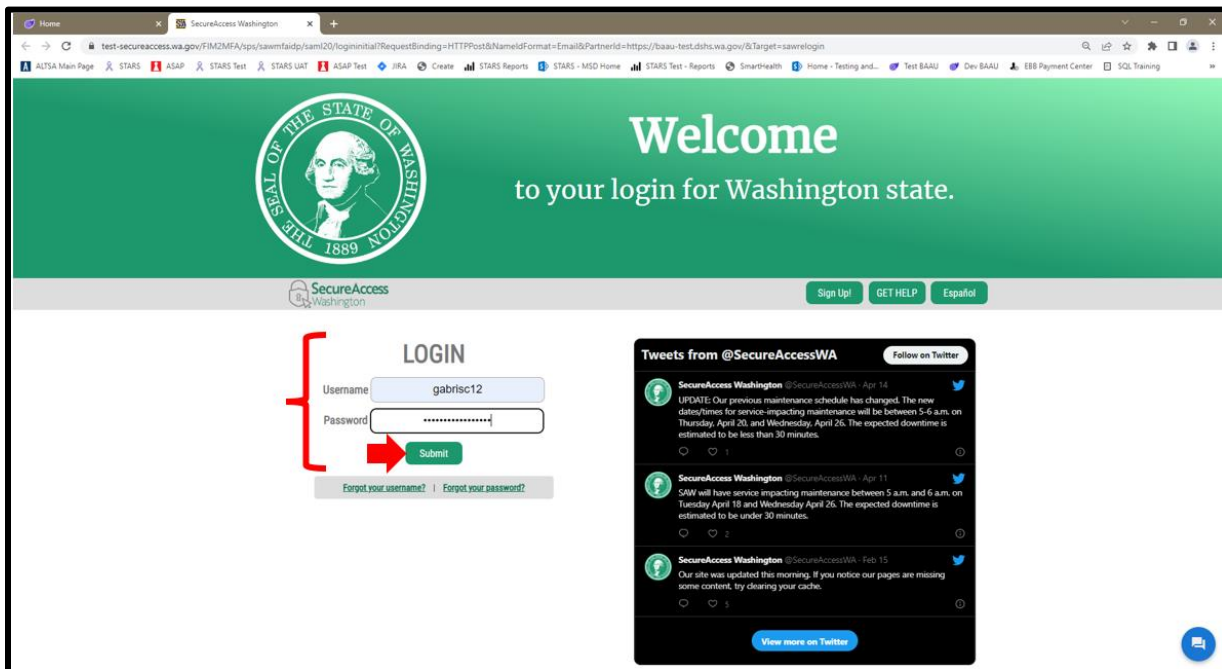
Note: If there are issues with the password, follow the attached instructions on how to reset it.

Steps to Reset Your
SAW Password.pdf

7. Choose a Multi-Factor Authentication method.
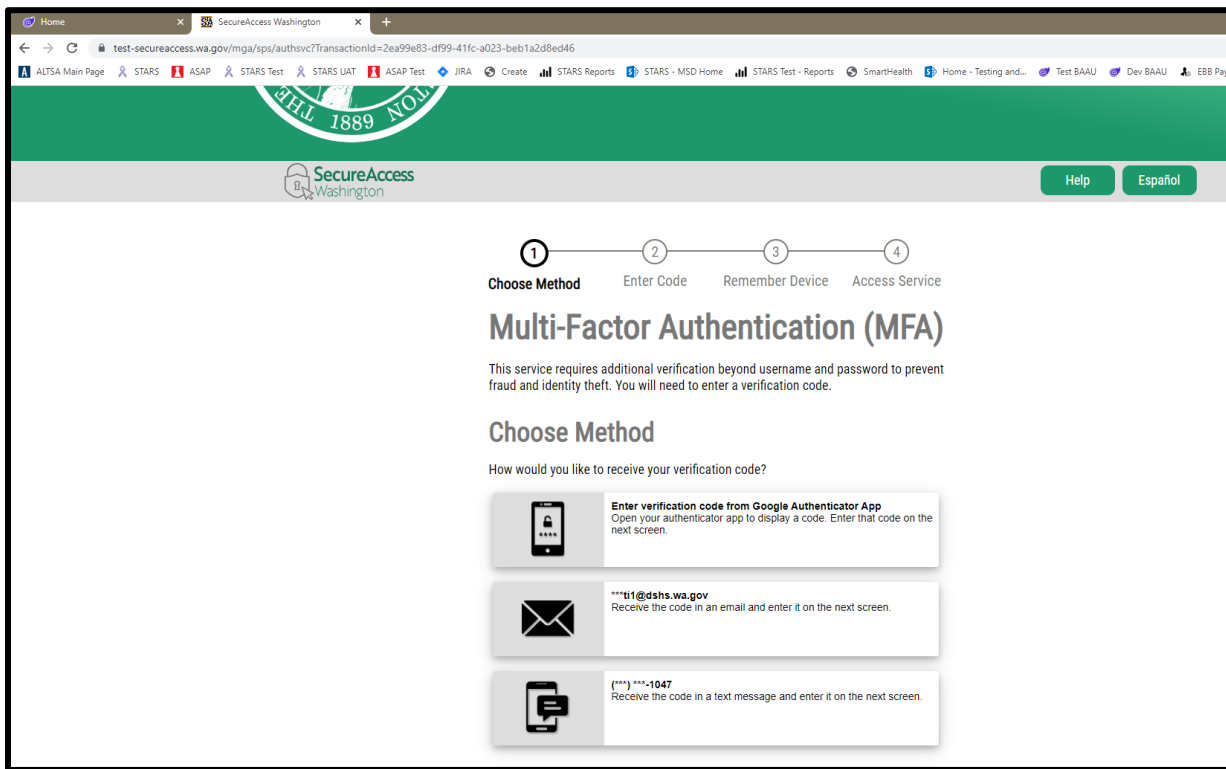
8. To receive it by an Authenticator App, click on that option.
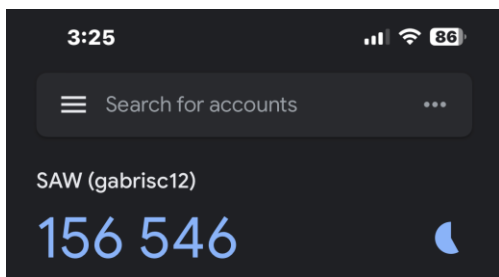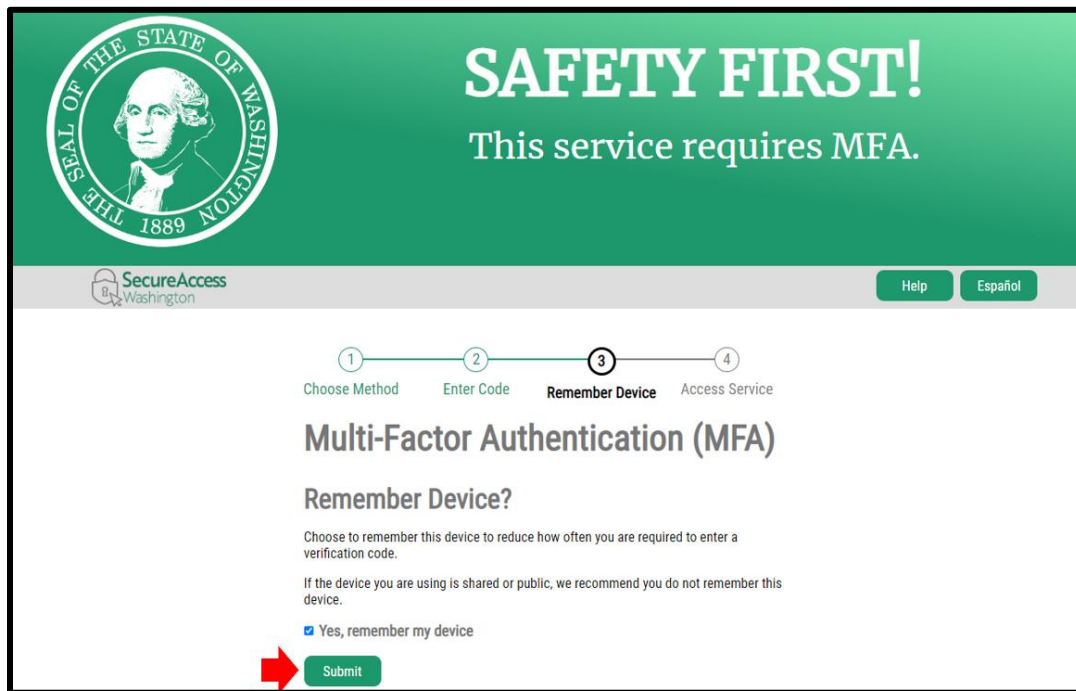

9. To receive it by email, click on that option.
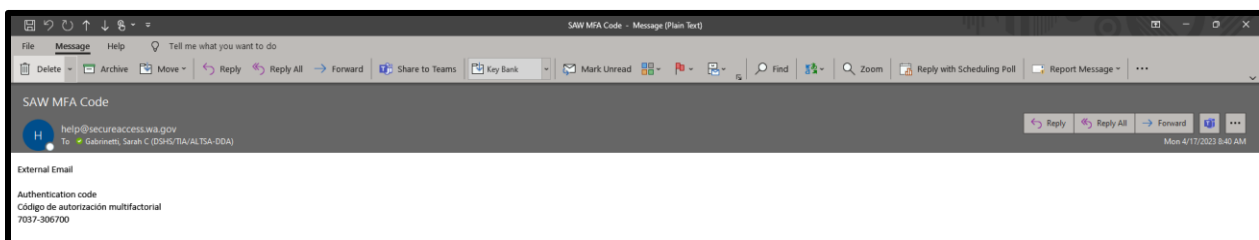
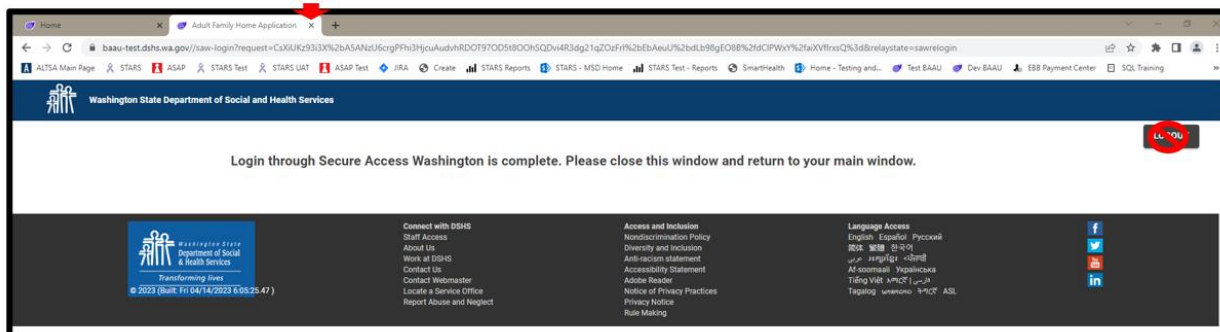

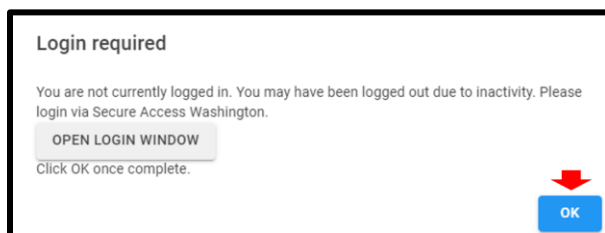10. To receive it by text message, click on that option.
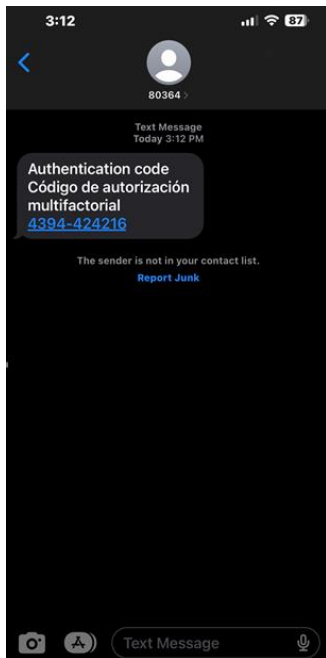
11. After selecting an option, enter the code.

12. Click *Submit*.

13. Check the checkbox to remember the device and click on *Submit*.

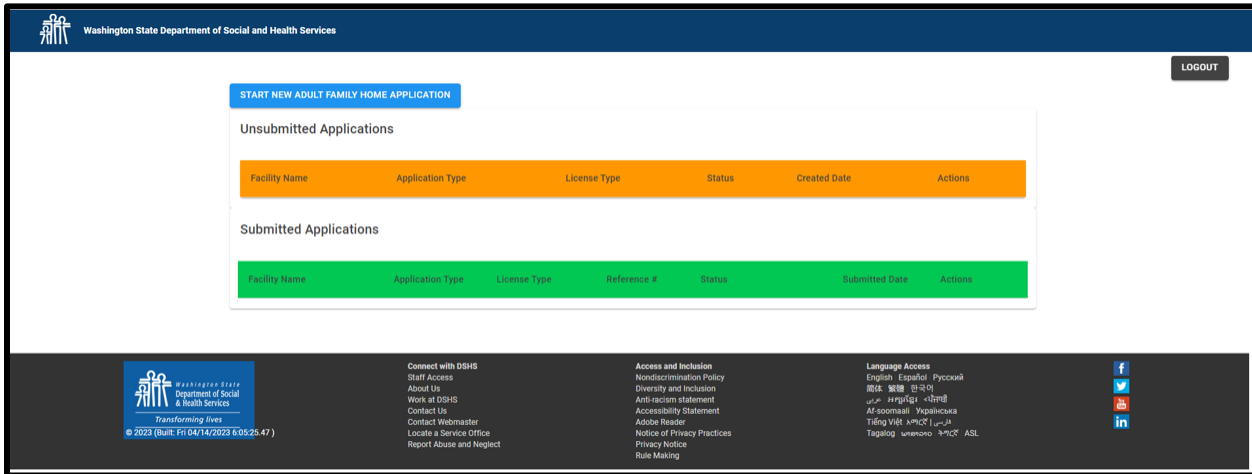14. The SAW website will redirect back to the application. Click the "X" to close the second tab. **Note: Do not click on *Logout*.**

15. On the main window, click on *OK*.

Chapter 2: Home Page

The *Home* page displays the status of the application.

A. Unsubmitted Applications

1. The *Unsubmitted Applications* section displays the unsubmitted application.

2. The *Facility Name* populates the name of the adult family home.

3. The *Application Type* show the application type.

4. The *License Type* will default to *Adult family home*.

License Type
Adult family home

5. The *Status* will default to *Pending submittal*.

Status
Pending submittal

6. The *Created Date* will be the date the application was created or the date the department sent the application back for changes.

Created Date
4/14/2023

7. The *Actions* column is where the applicant can edit the application (pencil icon) or delete the application (trash can icon) before it is submitted.

Actions
✏️ 🗑️

B. Submitted Applications

1. The *Submitted Applications* section displays the submitted application.

Submitted Applications						
Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions

2. The *Facility Name* shows the name of the Adult Family Home.
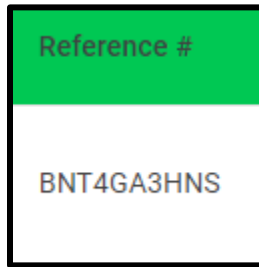
Facility Name
Test AFH

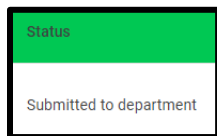3. The *Application Type* shows the type of application submitted.

Application Type
Initial

4. The *License Type* will be *Adult family home*.

License Type
Adult family home

6. The *Reference #* is the confirmation number receive after the application is submitted.

7. The *Status* will either be *Submitted to department* or *Withdrawn*.

8. The *Submitted Date* is the date application was submitted.
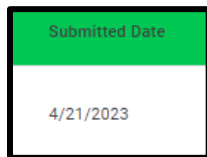
9. The *Action* column is where the application can either be viewed (eyeball icon) or withdrawn (trash can icon).
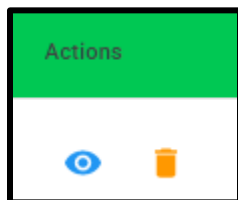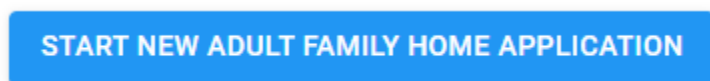

C. Logging Out
1. Click on *Logout* to log out of the application.

D. Start New Adult Family Home Application Button
1. The *Start New Adult Family Home Application* button is how the application is started.

Chapter 3: Creating an Adult Family Home Application

1. Click *Start New Adult Family Home Application*.

2. The *Application Screening Questions* page appears.

A. Cancel Application Button

1. Click *Cancel Application* to go back to the *Home* page.

B. DSHS Employee Questions

1. If anyone in the household is a DSHS/ALTSA employee or DSHS employee that processes payments regarding placement of residents in adult family homes, they will not be able to apply.

2. Click OK.

WAC 388-76-10045 (1)

ALTSA employees and household members of an ALTSA employee may not be issued
an Adult Family Home license. DSHS employees involved in authorizing payments or
involved in the placement of residents in Adult Family Homes are also excluded from
being issued an Adult Family Home license.
WAC 388-76-10045

➡ OK

3. Click *Cancel Application*.

CANCEL APPLICATION

C. Additional Prerequisite Questions

1. Answer the questions regarding:

    a. Adult Family Home Administrator training
    b. Passed the Building Inspection Checklist

Have you completed your Adult Family Home Administrator training?

○ Yes   ○ No

Have you received a "passing" Building Inspection checklist?

○ Yes   ○ No

2. If "No" is selected, complete the acknowledgement message.

Adult Family Home Administrator Training Acknowledgement

Have you completed your Adult Family Home Administrator training?

○ Yes   ⦿ No

Have you received a "passing" Building Inspection

○ Yes   ○ No

:: Acknowledgement

You are required to complete an Adult Family Home Administrator Training and provide
a copy of your certificate of completion in order to submit an Adult Family Home
application for licensure. Please review WAC 388-76-10064 and WAC 388-112A-0820
and go to AFH Administrator Training to to get more information around signing up for
a class.

☑   Please click here to acknowledge you have read and understand this

OK

"Passing" Building Inspection Checklist Acknowledgement

D. Application Type

1. Select the *Application Type*.

2. Click *Create New Application*.

E. Before You Begin... Page

1. The *Before you begin…* page appears with information to help complete the application.

2. Words or phrases that are blue with a line are a link. Click on it to view the information.

a. Consent to Release and/or Use Confidential Information
b. Adult Family Home Policies and Procedures Attestation
c. Adult Family Home Disclosure of Services
d. Adult Family Home License Relinquishment Letter (only applies to Change of Ownership application)
e. Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)

3. The link will open in a new tab.

4. Click on the "X" to close the second tab and get back to the application.
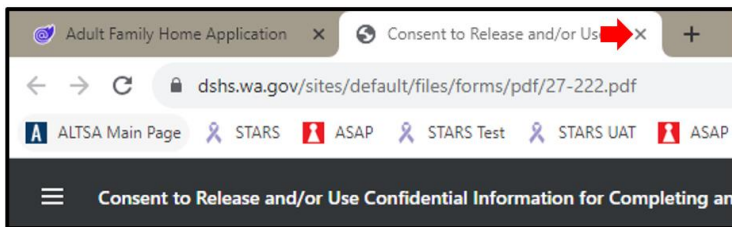
F. Side Menu

1. The side menu include links to the *Home* page and the various pages of the application.

Adult Family Home Application

- 🏠 Home
- 🏢 Adult Family Home Information
- 🪪 Entity Type & Employer IDs
- ▭ Legal Entity Info
- 🧍 Individuals & Roles
- 🧍‍🧍 Specialty Training
- C≡ License History
- 🗒 Supporting Documentation
- 🖥 Certification
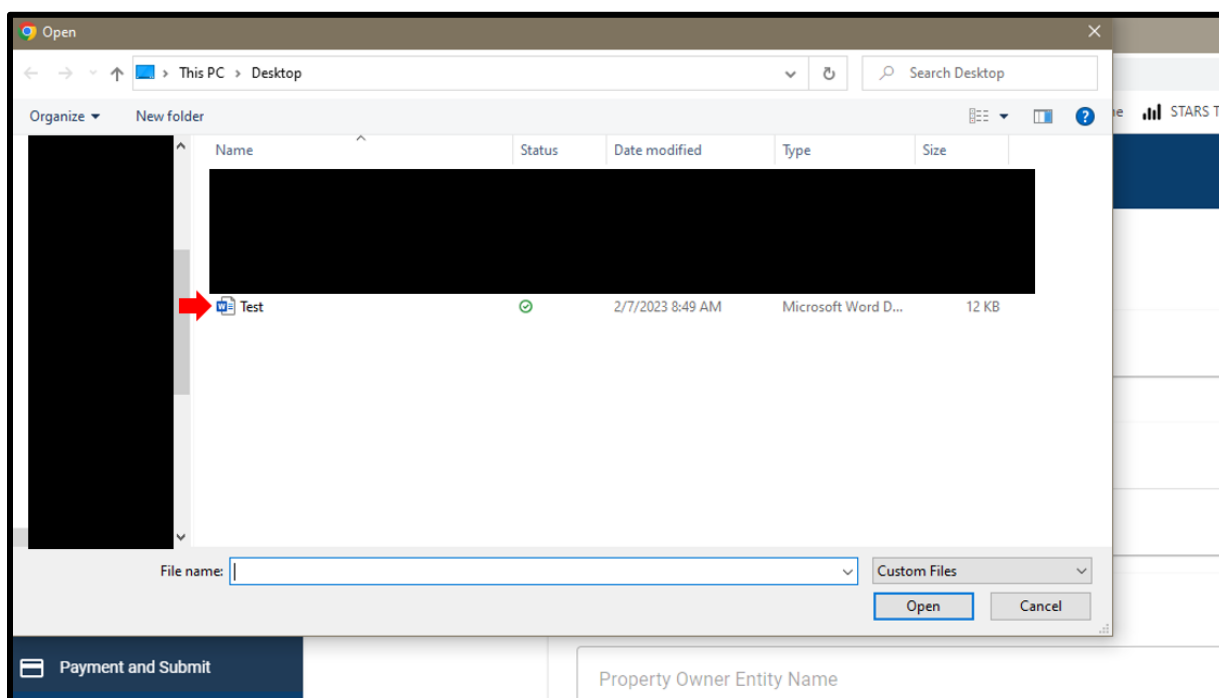- ▭ Sign and Pay

HelpDesk:
BAAUWebAppSupport@dshs.wa.gov
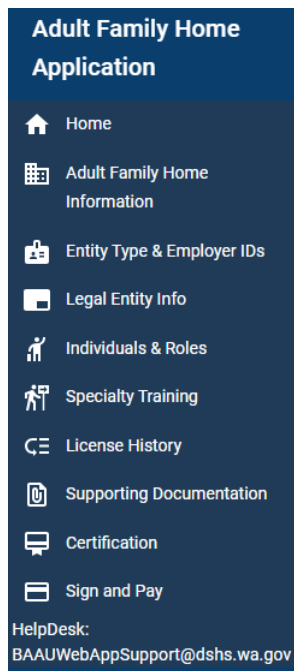
Chapter 4: How to Upload Supporting Documentation

1. Throughout the application supporting documentation will be uploaded.
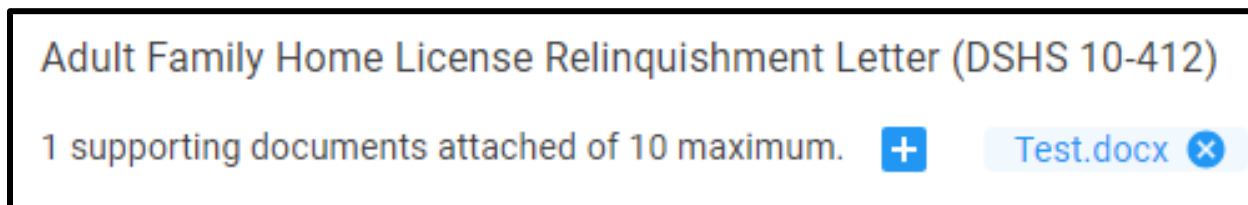
2. Click on the "+" button.
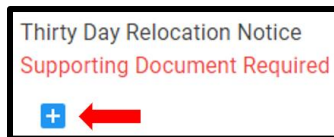
Note: Only file types of JPEG, PNG, JPG, GIF, TIFF, .doc, .docx, .rtf, .xls, .xlsx, .csv, and PDF can be uploaded.

3. Locate the file and select it.

4. The file will upload to the page.

5. Click on the document name to view it.

Adult Family Home License Relinquishment Letter (DSHS 10-412)

1 supporting documents attached of 10 maximum. ➕ Test.docx ✖

6. Click on the "x" to delete it.

Adult Family Home License Relinquishment Letter (DSHS 10-412)

1 supporting documents attached of 10 maximum. ➕ Test.docx ✖

7. Click on the "+" button to upload more documents.

Adult Family Home License Relinquishment Letter (DSHS 10-412)

1 supporting documents attached of 10 maximum. ➕ Test.docx ✖

Chapter 5: Application Pages

The application pages are:

- Adult Family Home Information
- Entity Type & Employer IDs
- Legal Entity Info
- Individuals & Roles
- Specialty Training
- License History
- DSHS Employee(s)
- Supporting Documentation
- Certification
- Sign and Pay

A. Adult Family Home Information

1. On this page, complete the adult family home information.

2. Click on the link in the side menu.

3. Complete the fields for the application type selected.

Initial Application Fields

Change of Ownership Application Fields

Relocation Only Application Fields

Supporting Documentation

1. This table shows a list of which documents are required to submit the application.

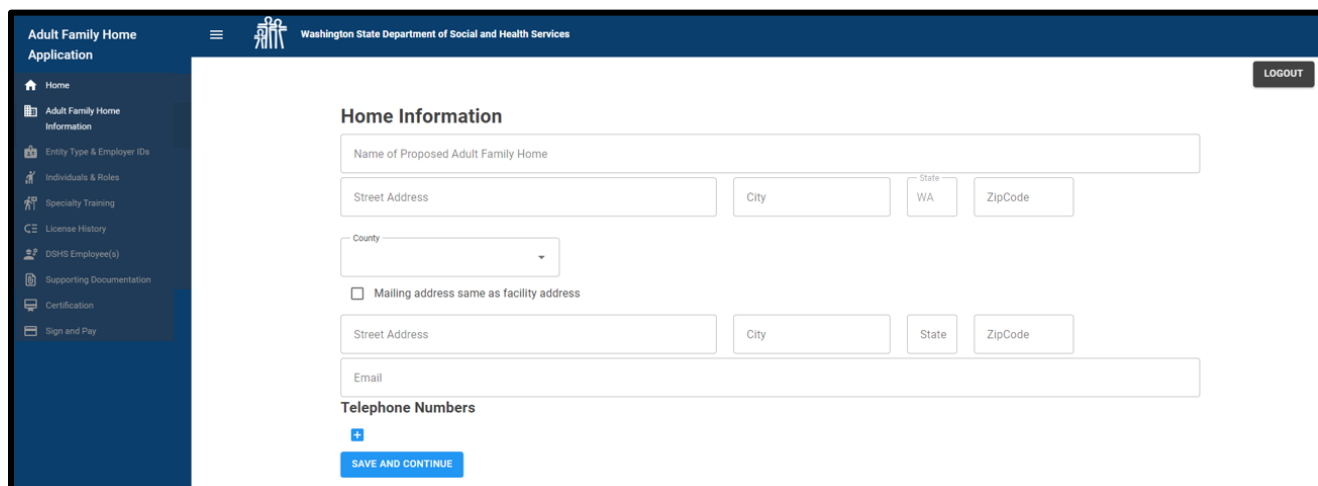| Document Type	Initial	Relocation Only	Change of Ownership
		Application Type	
Thirty-Day Relocation Notice to Residents (WAC 388-76-10110)		x	
Adult Family Home License Relinquishment Letter (DSHS 10-412)			x
Sixty-Day Change of Owner Notice to Residents (WAC 388-76-10106)			x

2. The department will let the applicant know if they need to submit any other documents after the application has been submitted.

3. For instructions on how to upload the supporting documentation, see Chapter 4: How to Upload Supporting Documentation.

Saving the Page

1. After completing the page, click *Save and Continue*.

SAVE AND CONTINUE

2. A "Saved" message appears in the upper right-hand corner of the screen.

📋 Saved   ✕

B. Entity Type & Employer IDs
1. On this page, indicate the type of entity the application for.

2. Click on the link in the side menu.

3. The page will appear.

Entity Type
1. Select the entity type.

Marital Status
1. Complete the *Marital Status* section if *Sole Proprietorship* is selected.

Marital Status
○ Married or state registered domestic partner   ○ Single

Co-Applicant
1. Completed the co-applicant question if they applicant is married or has a state registered domestic partner.

Is your spouse or state registered domestic partner a co-applicant?
○ Yes   ○ No

Employer IDs
1. Complete the *Federal Employer Identification Number* (limited to 9 digits) and *Washington State Unified Business Identifier* (limited to 9 digits).

Employer IDs
Federal Employer Identification Number
WA State Unified Business Identifier

Supporting Documentation
1. This table shows a list of which documents are required to submit the application.

| | Entity Type | | | | | | | |
Document Type	Sole Proprietorship	For-profit Corporation	Limited Partnership	Government Agency	General Partnership	Non-profit Corporation	Limited Liability Company	Gropup or Association
Secretary of State Document								
Master Business License								
Internal Review Service Document	X	X	X	X	X	X	X	X

2. The department will let the applicant know if they need to submit any other documents after the application has been submitted.

3. For instructions on how to upload the supporting documentation, see Chapter 4: How to Upload Supporting Documentation.
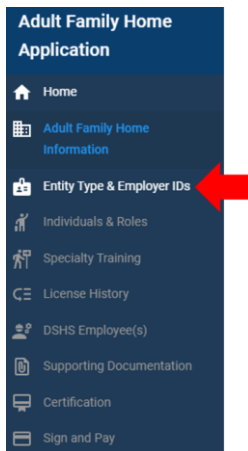
Saving the Page
1. Click *Save and Continue*.

SAVE AND CONTINUE

2. A "Saved" message appears in the upper right-hand corner of the screen.

📅 Saved   ✕

E. Legal Entity Info

1. This page will display for entity types other than sole proprietor.

2. Click on the link in the side menu.

3. The page will appear.

4. Click *Save and Continue* after completing the page.
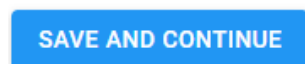
5. A "Saved" message appears in the upper right-hand corner of the screen.
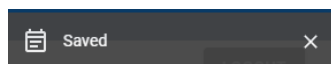
F. Individuals & Roles

1. On this page, list all individuals involved in the adult family home, including what role they will have.

2. The page will either appear after the *Legal Entity Info* page if it was completed.
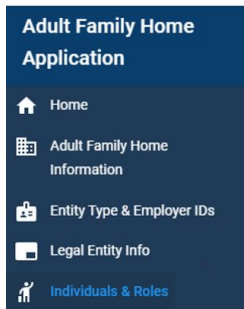
3. Or after the *Entity Type & Employer IDs* page is completed if the *Legal Entity Info* page was not completed.
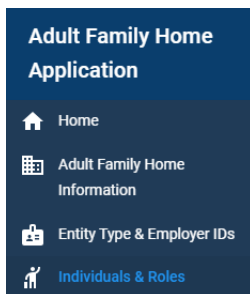
4. Click on the link in the side menu.
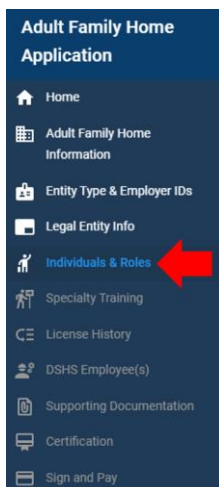
5. The page appears.
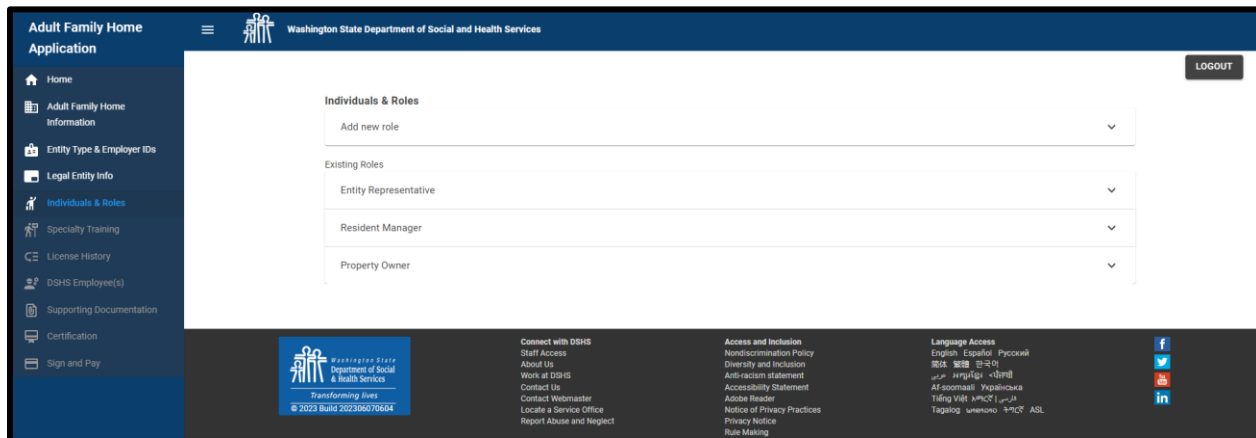
Roles

Add New Role

1. To add additional roles, click on the down arrow.

2. A list of available roles to select from will appear. This list is based on how other pages have been completed.

3. Click on the role to select it.

4. It populates in the *Existing Roles* section.

Existing Roles

1. Required roles will display in the *Existing Roles* section based on how other pages have been completed.

2. These are the required roles for a non-profit corporation.

3. This is a list of all existing roles based on the entity type.

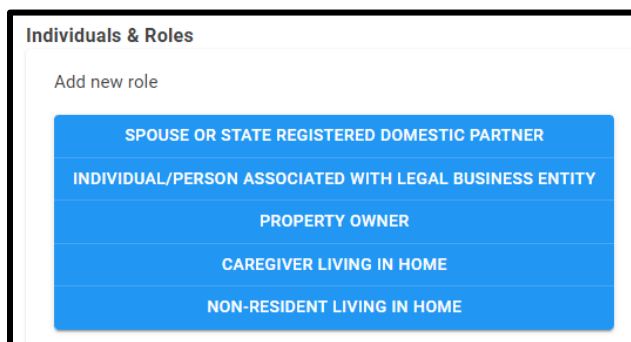| Entity Type	Existing Roles
Sole Proprietorship	Sole Proprietor Co-applicant (If married or has a state registered domestic partner) Spouse (If they are not a co-applicant) Resident Manager Property Owner
For-profit Corporation	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Limited Partnership	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Government Agency	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
General Partnership	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Non-profit Corporation	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Limited Liability Company	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Group or Association	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner

Note: a spouse or domestic partner of an entity representative needs to be added if they will be taking an interest in the adult family home.

Buttons
1. Click the down arrow for the role to view the buttons. Some buttons will appear after the person has been added to the role.

Existing Roles

Sole Proprietor

Add Person
1. Click on *Add Person* to add the details.

ADD PERSON

Edit Person
1. The *Add Person* button will become the *Edit Person* button after the person is saved. When editing a person in multiple roles, it will update the information for all the roles.

EDIT PERSON

Add Existing or Change Person
1. Click the *Add Existing or Change Person* to add an existing person or change a person.

ADD EXISTING OR CHANGE PERSON
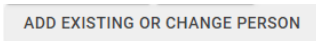
2. The *Change or existing person* panel appears to the right of the screen.

Change or existing person

Test Test ✕

Test Test2 ✕

CANCEL
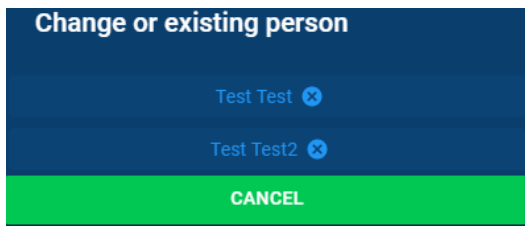
3. Click on the person's name.

Change or existing person

Test Test ✕

Test Test2 ✕

CANCEL
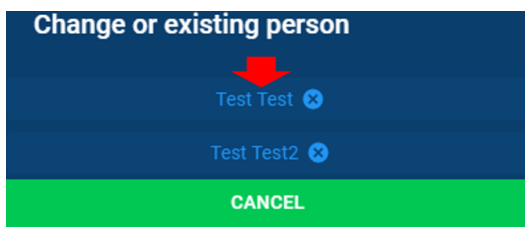
4. The fields become editable with any corresponding fields completed from the role the person is already associated to.

5. Complete the rest of the fields before saving the person.

6. Do not click on the "x". It deletes the person from the application and from any roles they were associated with.

Upload Supporting Documentation

1. Upload the supporting documentation for that role. The applicant needs to save the person first before they click on *Upload Supporting Documentation.*

UPLOAD SUPPORTING DOCUMENTATION

2. This table shows a list of which documents are required to submit the application.

	Role Type								
Document Type	Entity Representative	Sole Proprietor	Co-Applicant	Resident Manager	Individual/Person Associated with Legal Business Entity	Spouse or State-registered Domestic Partner	Caregiver Living in home	Non-resident Living in Home	Property Owner
Adult Family Home Administrator Training Certificate	X	X	X						
Government Issued ID	X	X	X						
Proof of Education - WAC 388-76-10130(2)									
Adult Family Home Caregiving Experience Attestation (Form DSHS 10-417)									
First Aid/CPR Certificate(s)									
Washington State Food WorkerCard									
Home Care Aide Certification or Proof of Exemption - WAC 246-980-025									
Background Check Authorization (DSHS 09-653)	X	X	X	X	X	X	X	X	
DSHS Fingerprint Results									
Property Owner Written Statement									

3. The department will let the applicant know if they need to submit any other documents after the application has been submitted.

4. For additional instructions on how to upload the supporting documentation, see Chapter 4: How to Upload Supporting Documentation.

Save Person
1. Click *Save Person* to save the information.

SAVE PERSON

Cancel
1. Click *Cancel* to not save the changes.

CANCEL

Delete Role
1. Click *Delete Role* to delete the role.

DELETE ROLE

Save and Continue
1. Click *Save and Continue* to save the page.

SAVE AND CONTINUE

List of Roles and Required Fields
1. The following is a list of all the roles and their required fields.

Sole Proprietor

First name
The First Name field is required.

Middle name

Last name
The Last Name field is required.

Social security number
The SSN field is required

Date of birth
Not a valid date of birth

Email

Date of birth

04/05/19 👁

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

Entity Representative

First name	Middle name	Last name	Social security number 👁
The First Name field is required.		The Last Name field is required.	The SSN field is required

Date of birth

👁

Not a valid date of birth

Date of birth

04/05/19 👁

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

Individual/Person Associated with Legal Business Entity

First name	Middle name	Last name	Title ▾
The First Name field is required.		The Last Name field is required.	The Title field is required

Social security number 👁	Date of birth 👁	% Ownership ⌃⌄	
The SSN field is required	Not a valid date of birth	The % Ownership field is required	

Date of birth

04/05/19 👁

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

Resident Manager

First name	Middle name	Last name	Social security number 👁
The First Name field is required.		The Last Name field is required.	The SSN field is required

Date of birth 👁	Email		
Not a valid date of birth			

Date of birth

04/05/19 👁

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

Spouse or State-registered Domestic Partner

First name	Middle name	Last name	Social security number 👁
The First Name field is required.		The Last Name field is required.	The SSN field is required

Date of birth 👁	Email
Not a valid date of birth	

Co-applicant

First name	Middle name	Last name	Social security number 👁
The First Name field is required.		The Last Name field is required.	The SSN field is required

Date of birth 👁	Email
Not a valid date of birth	

Date of birth
04/05/19 👁
Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

Caregiver Living in Home

First name	Middle name	Last name	Social security number 👁
The First Name field is required.		The Last Name field is required.	The SSN field is required

Date of birth 👁	Email
Not a valid date of birth	

Non-resident Living in Home

First name	Middle name	Last name	Social security number 👁
The First Name field is required.		The Last Name field is required.	The SSN field is required

Date of birth 👁	Email
Not a valid date of birth	

Note: Individuals under the age of 11 do not need to be listed. The system will not allow you to save the person if they are under the age of 11.

Property Owner

1. If the property owner is added first and not be taking an active interest in the adult family home, they cannot be added to another role.

2. However, if a property owner is added to another role first, they will need to be deleted from the other role if determined they will not be taking an active interest in the adult family home.

3. For example, Test Test is added as the entity representative. Test Test is then added as the property owner. It is decided later Test Test will not be taking an active interest in the home. Test Test needs to be deleted from the entity representative role.

4. Go to the Entity Representative role.

5. Click *Delete Role.*

6. Click *Yes, Delete*.

G. Specialty Training

1. On this page, indicate if residents with dementia, mental illness, and/or developmental disabilities will be admitted and cared for.

2. Click on the link in the side menu.
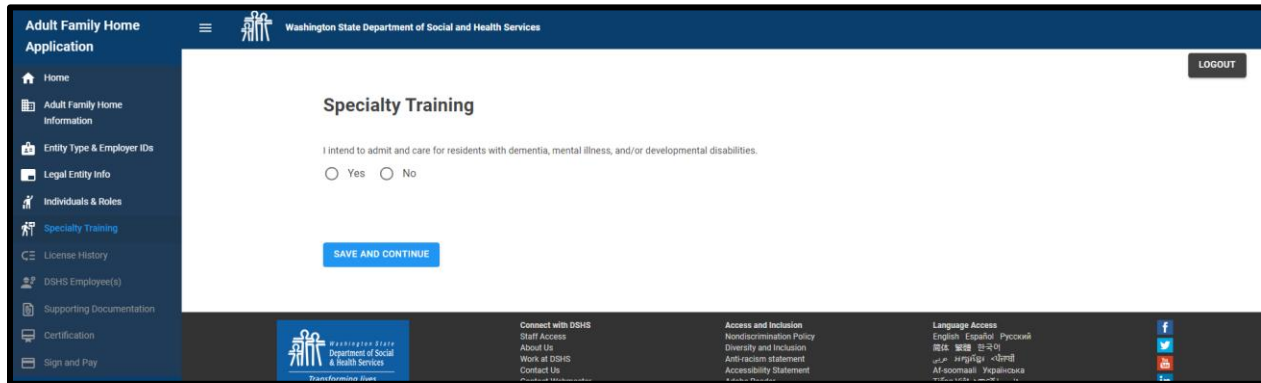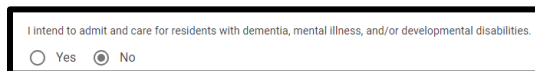
3. Answer the specialty training statement.

Will not be Admitting Residents
1. Click *No* if residents with dementia, mental illness, and/or developmental disabilities will not be admitted and cared for.
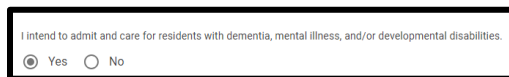

2. Save the page and continue to the *License History* page.

Will be Admitting Residents
1. Click *Yes* if residents with dementia, mental illness, and/or developmental disabilities will be admitted and cared for.

2. The specialty types and roles appear. This screen will vary based on how other pages have been completed.

Sole Proprietor, Co-Applicant, and Resident Manager

Sole Proprietor and Resident Manager

Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

◉ Yes ○ No

| | Sole Proprietor Certificates (Test Test) | Resident Manager Certificates (Test2 Test2) |

Dementia

○ Yes ○ No

Mental Illness

○ Yes ○ No

Developmental Disabilities

○ Yes ○ No

SAVE AND CONTINUE

Entity Representative and Resident Manager

Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

◉ Yes ○ No

| | Entity Representative Certificates (Test1 Test1) | Resident Manager Certificates (Test2 Test2) |

Dementia

○ Yes ○ No

Mental Illness

○ Yes ○ No

Developmental Disabilities

○ Yes ○ No

SAVE AND CONTINUE

Sole Proprietor and Resident Manager – Same Person

Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

◉ Yes   ○ No

Sole Proprietor Certificates
(Test Test)

Dementia

○ Yes   ○ No

Mental Illness

○ Yes   ○ No

Developmental Disabilities

○ Yes   ○ No

SAVE AND CONTINUE

Supporting Documentation

1. Click *Yes* to indicate the specialty.

Dementia

◉ Yes   ○ No

Mental Illness

◉ Yes   ○ No

Developmental Disabilities

◉ Yes   ○ No

2. Upload the documentation for that specialty type.

Sole Proprietor Certificates (testasdf asdfuyhj)	Co-applicant Certificates (testasdfq adsofihujadl hjk)	Resident Manager Certificates (test test)
Dementia Training Certificate Supporting Document Required ➕	Dementia Training Certificate Supporting Document Required ➕	Dementia Training Certificate Supporting Document Required ➕
Mental Health Training Certificate Supporting Document Required ➕	Mental Health Training Certificate Supporting Document Required ➕	Mental Health Training Certificate Supporting Document Required ➕
Developmental Disability Training Certificate Supporting Document Required ➕	Developmental Disability Training Certificate Supporting Document Required ➕	Developmental Disability Training Certificate Supporting Document Required ➕

3. For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation.](#)

Saving the Page

1. Click *Save and Continue*.

2. A "Saved" message appears in the upper right-hand corner of the screen.

H. License History

1. On this page, indicate any previous licenses, contracts, or certifications.

2. Click on the link in the side menu.
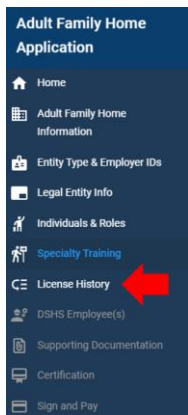
3. Answer the questions.

4. If yes is answered for questions 1 or 2, there will be additional sub-questions.

5. Complete the fields.

Adding Additional Individual or Entity
1. Click *Save and Continue*.

2. Click *Add Individual or Entity*.

3. Complete the fields.

Entity Name				
test	OR	Listed Individual ▼		

Facility Name	Type of License, Contract, and/or Certification			
test	AFH			

Facility Physical Address	City	State	Zip Code
100 Test	Lacey	WA	98888

Type of Finding and/or Conviction
Revocation

Entity Name — OR — Listed Individual ▼

Facility Name — Type of License, Contract, and/or Certification

Facility Physical Address — City — State — Zip Code

Type of Finding and/or Conviction

4. Click *Save and Continue*.

SAVE AND CONTINUE

5. A "Saved" message appears in the upper right-hand corner of the screen.

📋 Saved   ✕

6. To cancel the additional individual or entity, click on the *Cancel* button before *Save and Continue* is clicked.

State	Zip Code	Type of Finding and/or Conviction
wa	98888	test

Entity Name **OR** Listed Individual ▼

Facility Name | Type of License, Contract, and/or Certification

Facility Physical Address | City | State | Zip Code

Type of Finding and/or Conviction

ADD INDIVIDUAL OR ENTITY

SAVE AND CONTINUE **CANCEL**

I. DSHS Employee(s)

1. On this page, indicate any household members currently employed by DSHS.

2. Click on the link in the side menu.
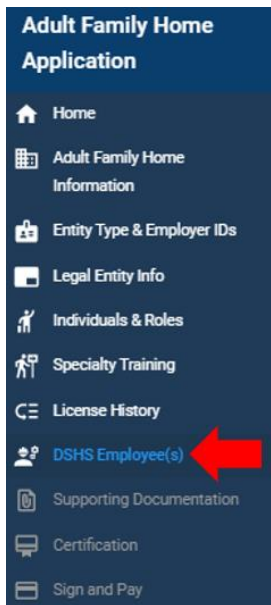
3. A statement regarding DSHS employment appears.
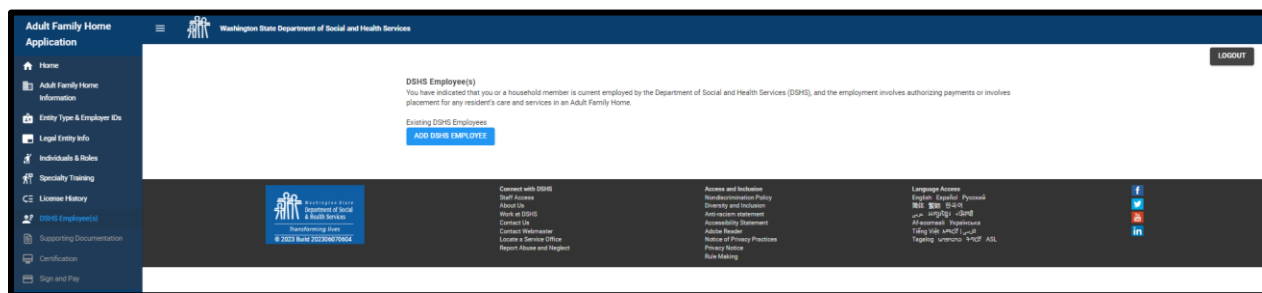
4. Click *Add DSHS Employee*.

5. Complete the fields.

6. Click *Cancel* to not save the person.

CANCEL

7. Click *Save Person* to save the information.

SAVE PERSON

8. A "Saved" message appears in the upper right-hand corner of the screen.

Saved ✕
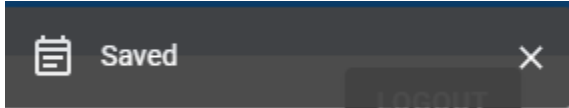
Adding Additional DSHS Employees
1. Click *Add DSHS Employee*.

ADD DSHS EMPLOYEE

2. Complete the fields.

First name	Last name	DSHS Title and Administration

3. Click *Save Person* to save the information.

SAVE PERSON

J. Supporting Documentation

1. On this page, upload additional supporting documents.

2. The page will either appear after the *DSHS Employee(s)* page if it was completed.
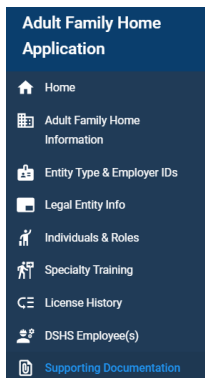
3. Or after the *License History* page is completed if the *DSHS Employee(s)* page was not completed.
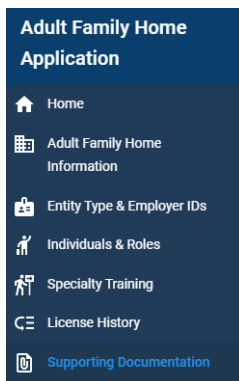
4. Click on the link in the side menu.
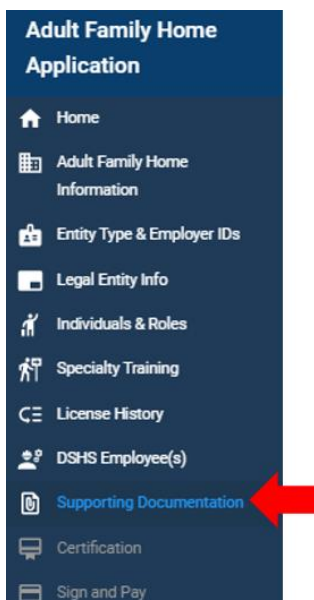
5. A list of documents will appear.

6. This table shows a list of which documents are required to submit the application.

Document Type	Application Type		
	Initial	Relocation Only	Change of Ownership
Adult Family Home Floor Plan	X	X	X
Adult Family Home Building Inspection Checklist	X	X	
Adult Family Home Policies and Procedures Attestation (DSHS 27-223)	X	X	X
Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)			
Adult Family Home Discloser of Services (DSHS 10-508)	X	X	X
Consent to Release and/or Use Confidential Information (DSHS 27-222)	X	X	X

7. The department will let the applicant know if they need to submit any other documents after the application has been submitted.

8. For instructions on how to upload the supporting documentation, see Chapter 4: How to Upload Supporting Documentation.

K. Certification

1. On this page, review the notices.

2. Click on the link in the side menu.
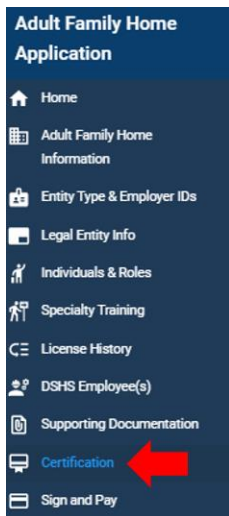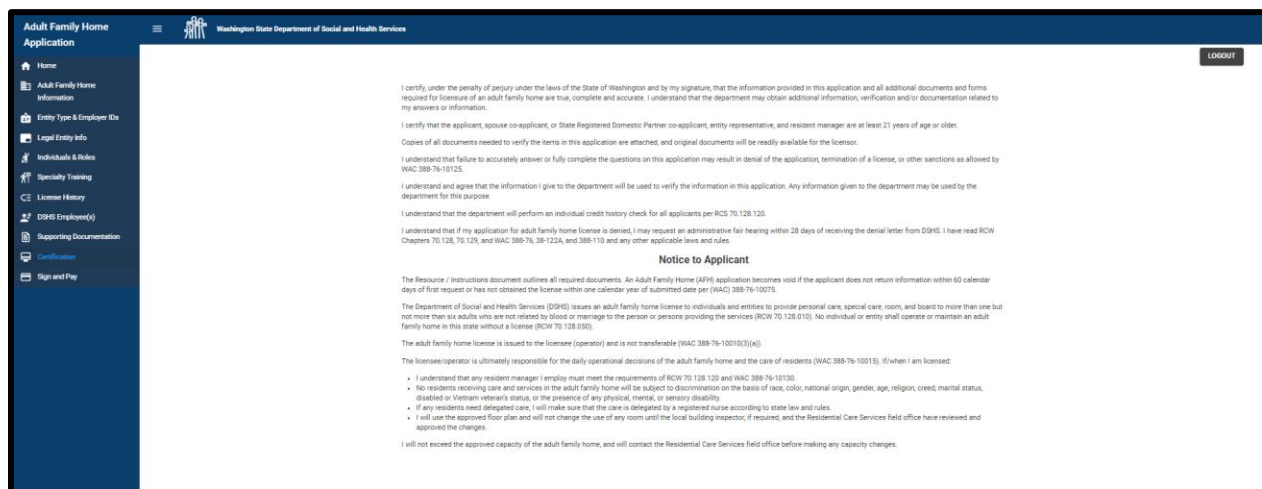
3. The page appears.

L. Sign and Pay

1. On this page, sign the application and pay the application fee.

2. Click on the link in the side menu.
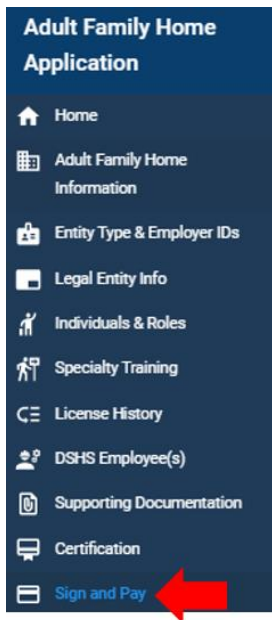
3. The page appears.
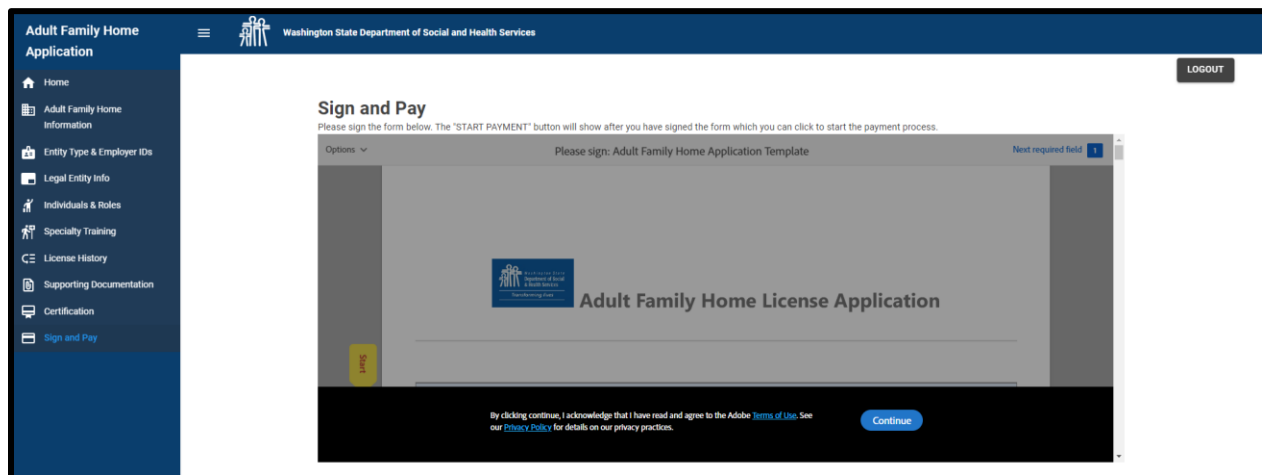
Signing the Application
1. Click continue.

Sign and Pay

Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

2. Click on *Start*.

3. Select *Click here to sign*.

4. Sign the application and click *Apply*.

5. Select *Click to Sign*.

6. Enter an email address.

7. Select *Click to sign*.

8. A message will appear with a link to download the signed application as a PDF document.

Note: Download the signed application before completing the payment process. The applicant will not be able to download if after that.

Submitting the Payment
1. Click *Start Payment*.

2. The payment site appears.

3. Complete the *Customer Details* tab and click *Continue*.

4. The *Payment Details* tab appears. The payment amount cannot be changed.

5. Select the *Payment Method*.

6. Select *New Back Account* to enter checking account information.

7. Save changes.

8. Select *New Card Account* to enter debit/credit card information. There is a 2.9% fee when using a debit or credit card.

9. Save changes.

10. Click *Confirm*.

11. The *Review* tab appears.

12. Click *Edit* to make changes.

13. Click on *Confirm* to not make changes.

14. The *Thank You* tab appears if *Confirm* was clicked.

15. To get back to the application, click on the link to the application.

Your payment has been successfully processed. Please make a note of the confirmation number shown below or print this page for your records. A confirmation email has also been sent to the email address shown below. Please email us at baauwebappsupport@dshs.wa.gov if there is a problem with this payment.

If you would like to go back to our website go to https://baau-test.dshs.wa.gov.

Note: For Card payments, the transaction will come through as DSHS ALTSA. For ACH payments, the transaction will come through as WADSHSALTSARCS Payment

16. The page will refresh back to the *Home* page.
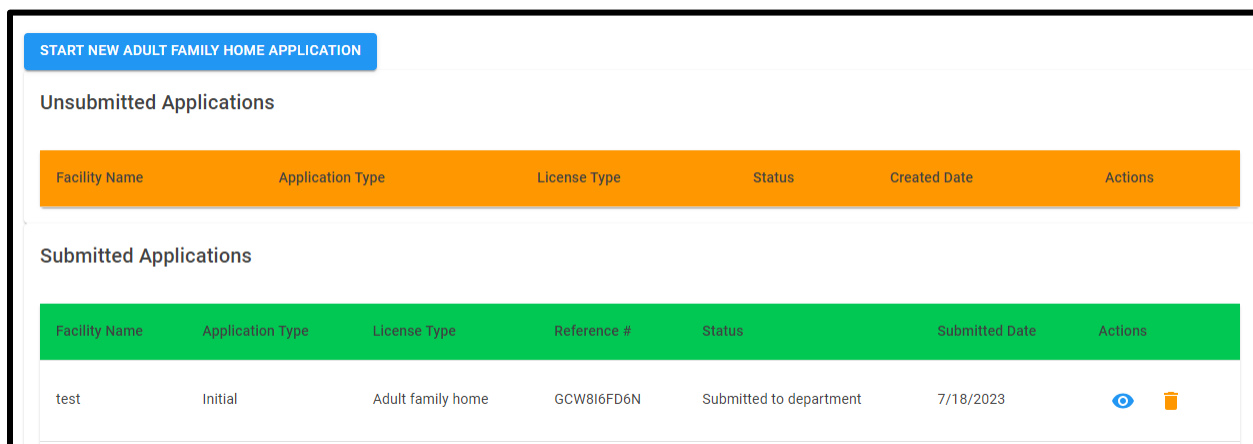
17. The application is in the *Submitted Applications* section.

18. A confirmation email regarding the payment will be sent to the applicant and the department.

Resubmitting the Payment Due to NSF ACH

1. An email will be sent if ACH (checking account) was decline due to non-sufficient funds.
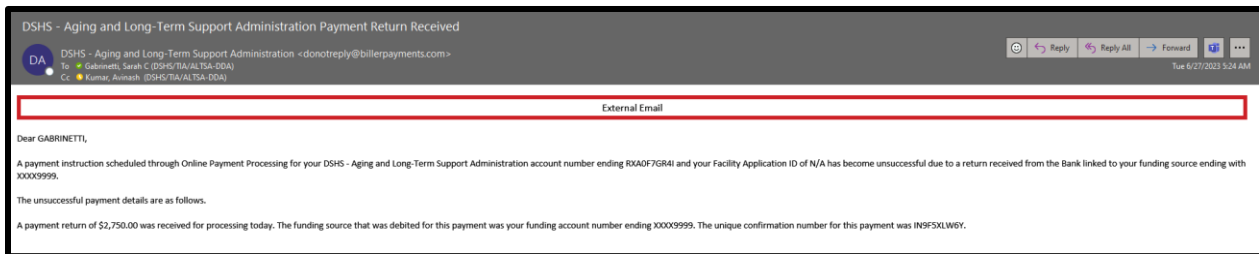
2. Resubmit the payment using a different checking account or debit/credit card.

Resubmitting the Payment Due to Credit/Debit Card Being Declined

1. If the payment is declined immediately, notification will be immediate. To continue on with the payment, use a different credit or debit card or payment method to submit payment.
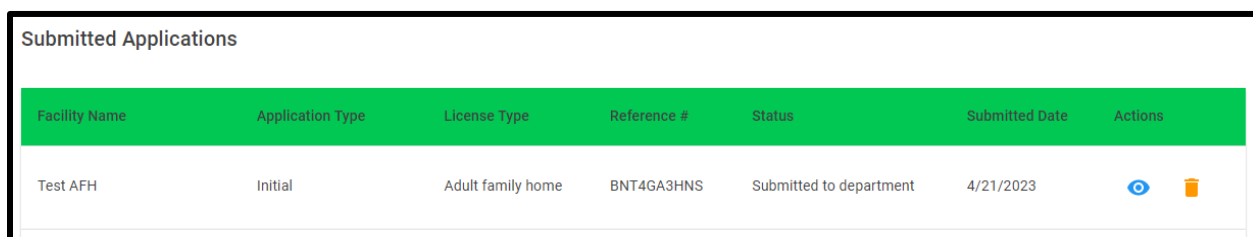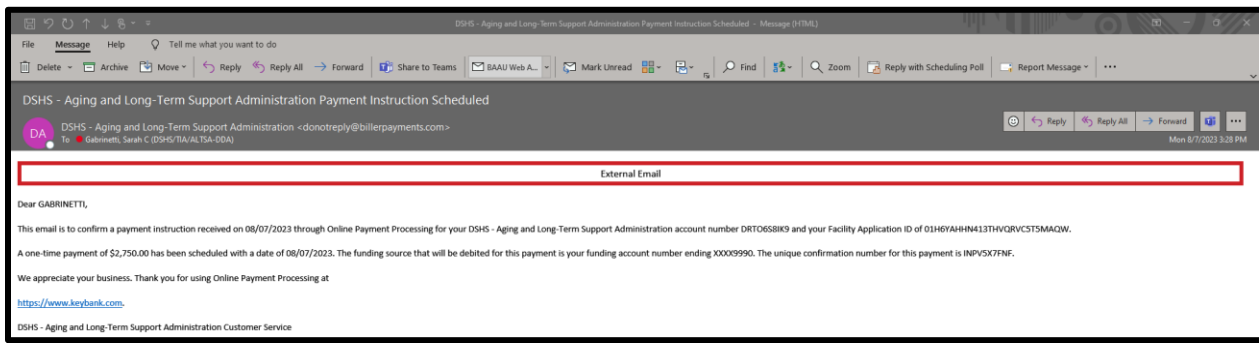
2. If the payment was not declined immediately but was after the application was submitted, the applicant will receive an email letting them know the payment was not processed. Email the helpdesk at baauwebappsupport@dshs.wa.gov to let us know the payment was declined or returned by the applicant's bank.
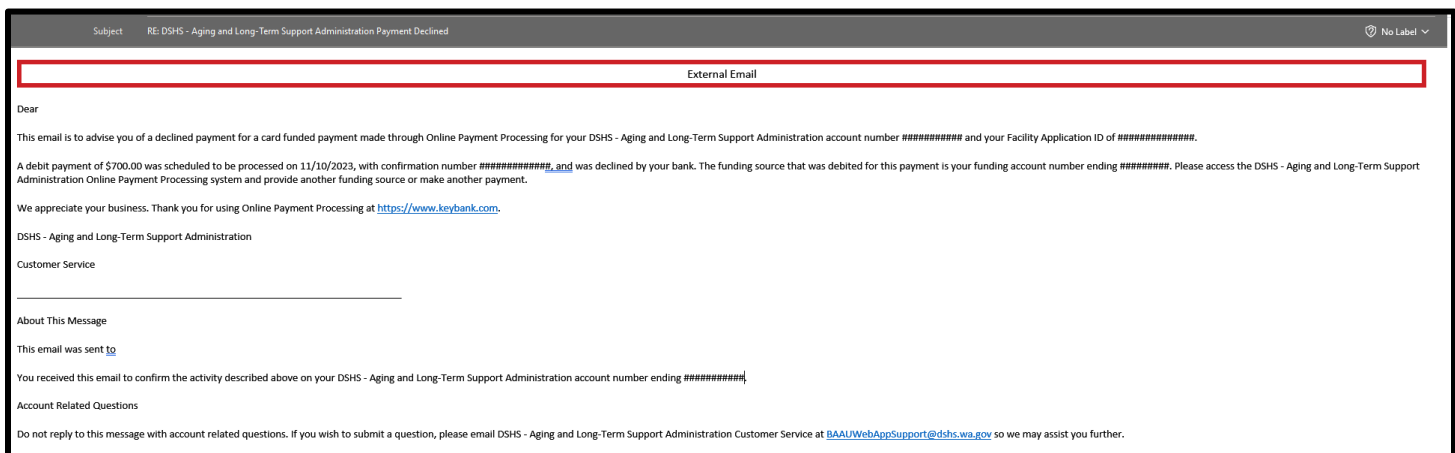
Viewing Submitted Application

1. Click the "eye" icon to view the application.
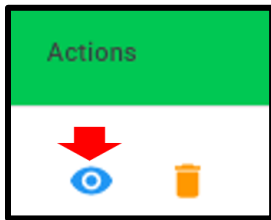
Withdrawing the Application after Submission

1. Click the trash can icon to withdraw the submitted application.

2. The following message appears. Click "Yes, Withdraw It".

Withdraw application?

You are withdrawing your application. If you decide later you want to continue with the application process, you will need to complete a brand new application, 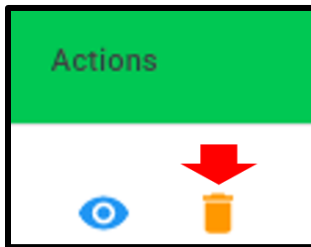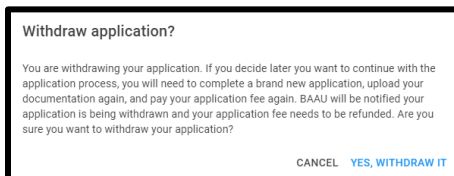upload your documentation again, and pay your application fee again. BAAU will be notified your application is being withdrawn and your application fee needs to be refunded. Are you sure you want to withdraw your application?

CANCEL   YES, WITHDRAW IT

3. The status of the application will update.

Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions
Test AFH	Initial	Adult family home	BNT4GA3HNS	Withdrawn after submission	4/21/2023	👁

Submitted Applications

4. Notification is sent to the department.

# M. Editing Application after Submission

1. The department will unlock the application and notify the applicant if changes need to be made

2. The unlocked application will be in the *Unsubmitted Applications* section.

Unsubmitted Applications

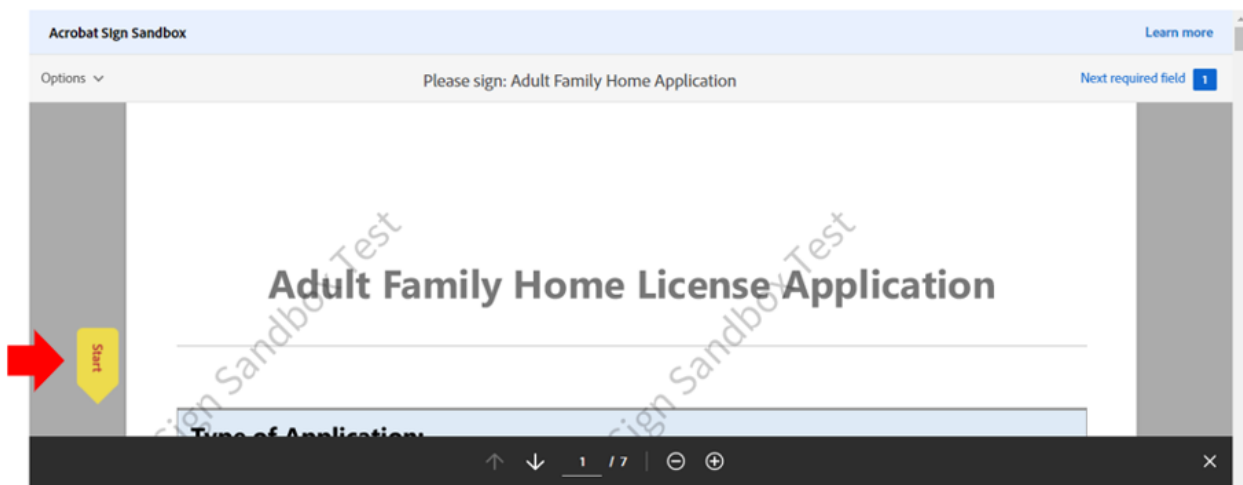| Facility Name	Application Type	License Type	Status	Created Date	Actions
Test	Initial	Adult family home	Pending submittal	7/18/2023	✏ 🗑

3. Click the pencil icon.

4. Make any requested changes and resign the application.

5. Click *Continue* on the *Sign and Pay* page.
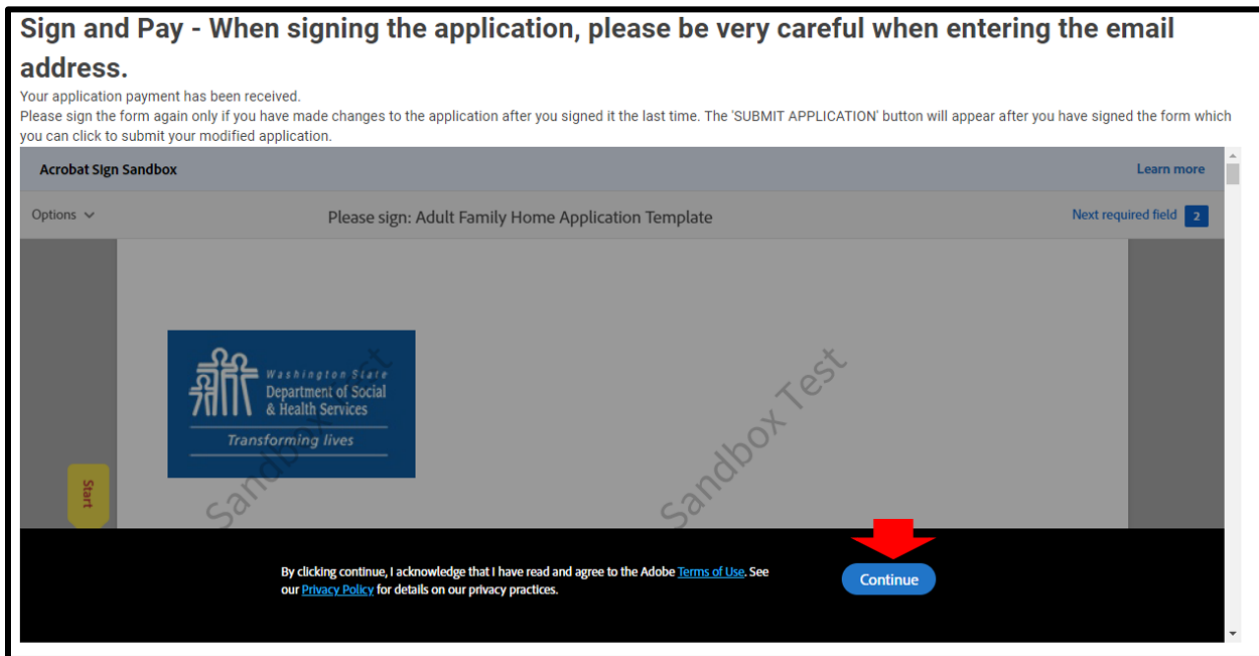
6. Click on *Start*.

7. Select *Click here to sign.*

8. Sign the application and click *Apply*.

9. Select *Click to Sign.*

10. Enter an email address.

11. Select *Click to sign*.

12. A message will appear with a link to download the signed application as a PDF document.

Note: Download the signed application before resubmitting the application. The applicant will not be able to download if after that.

13. Click on the *Submit Application* button to resubmit the application.

Sign and Pay - When signing the application, please be very careful when entering the email address.

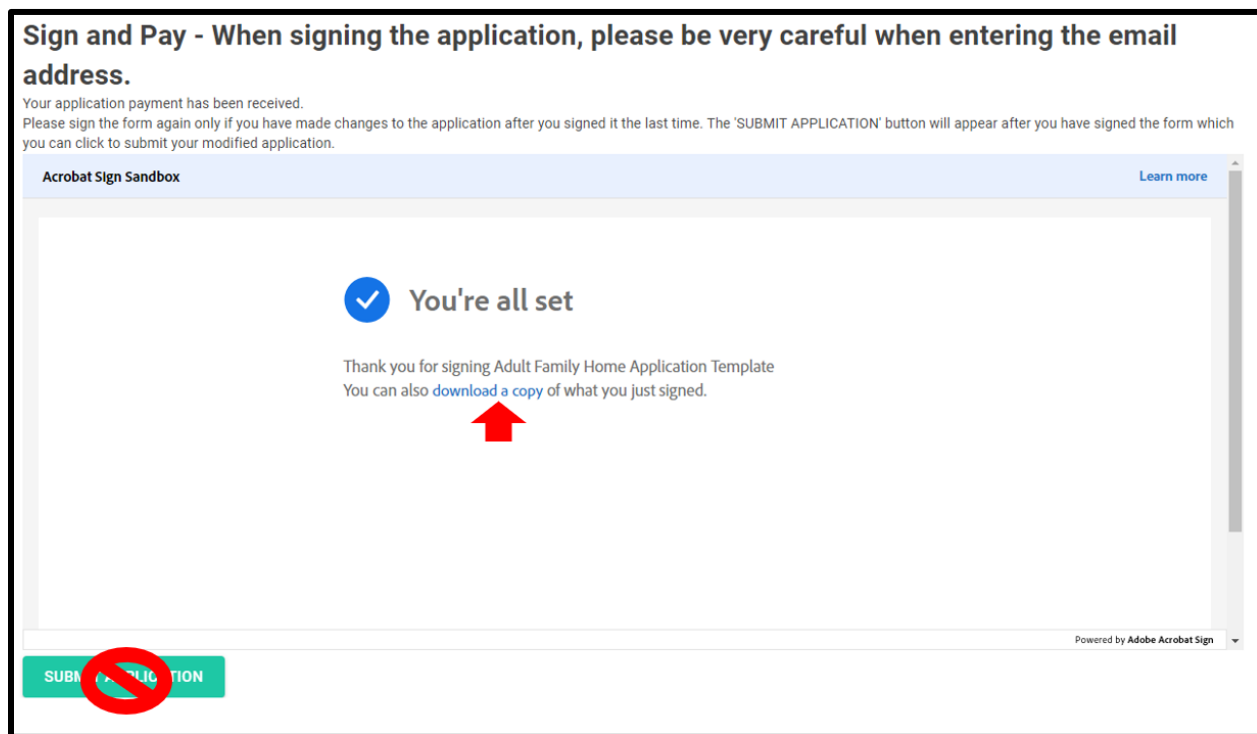Your application payment has been received.
Please sign the form again only if you have made changes to the application after you signed it the last time. The 'SUBMIT APPLICATION' button will appear after you have signed the form which you can click to submit your modified application.

Acrobat Sign Sandbox	Learn more

✔ You're all set

Thank you for signing Adult Family Home Application Template
You can also download a copy of what you just signed.

Powered by **Adobe Acrobat Sign**

SUBMIT APPLICATION

Revision History

This document has been revised from the original draft. Revisions are described in the table below.

Revision Date	Version	Description	Initials
08/01/23	1.0	Initial version	SCG
09/07/23	1.1	Updated pgs. 25, 26, and section J	SCG
09/08/23	1.2	Updated Table of Contents, pgs. 39, 52, and section K	SCG
11/16/23	1.3	Updated Entire Manual	SCG
01/02/24	1.4	Remove references to AFH Orientation class	SCG