



# 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
<a href="#">Proof of Education - WAC-388-76-10130(2)</a>	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Government Issued Identification	Required	Sole Proprietor, Co-Applicant, Entity Representative
<a href="#">Adult Family Home Caregiving Experience Attestation (Form DSHS 10-417)</a>		Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Adult Family Home Administrator Training Certificate	Required	Sole Proprietor, Co-Applicant, Entity Representative
<a href="#">First Aid/CPR Certificate(s) – This course must be taken in person per WAC 388-112A-0710</a>	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
<a href="#">Washington State Food Worker Card</a>	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
<a href="#">Home Care Aide Certification or Proof of Exemption per WAC 246-980-025</a>	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
<a href="#">Background Check Authorization (DSHS 09-653)</a>	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
<a href="#">Consent to Release and/or Use Confidential Information (DSHS 27-222)</a>	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
<a href="#">Adult Family Home Building Inspection Checklist</a>	Required for Initial and Relocation Applications	
Adult Family Home Floor Plan	Required	
<a href="#">Adult Family Home Policies and Procedures Attestation (DSHS 27-223)</a>	Required	
<a href="#">Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)</a>	Only required if the Adult Family Home will use a management company	
<a href="#">Adult Family Home Disclosure of Services (DSHS 10-508)</a>	Required	
<a href="#">Adult Family Home License Relinquishment Letter (DSHS 10-412)</a>	Required if Change of Ownership Application	
<a href="#">60-Day Change of Owner Notice to residents – WAC 388-76-10106</a>	Required if Change of Ownership Application	
<a href="#">30-Day Notice to residents – WAC 388-76-10110</a>	Required if Relocation Application	

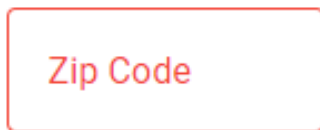
## Things to Remember When Completing the Application

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.



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.



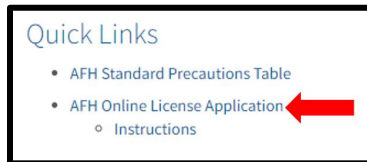
Instructions

## Chapter 1: SAW and Logging In

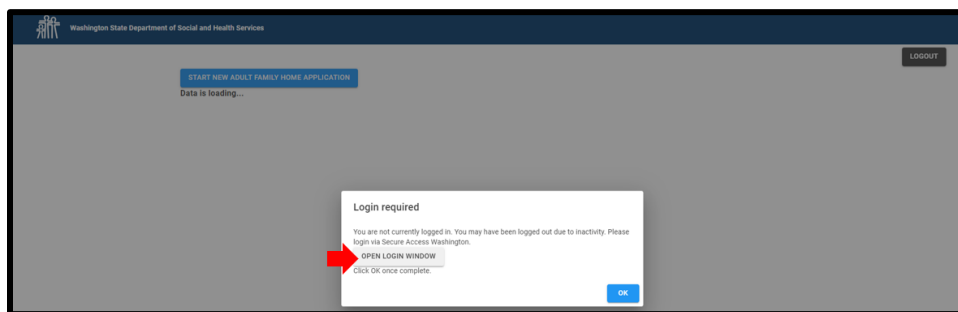
Welcome to the Department of Social & Health Services (DSHS) Adult Family Home License Web Application. To complete the application, a Secure Access Washington (SAW) account must be created. If the applicant already has a SAW account, go to section B in this chapter.

### A. Create a new SAW Account

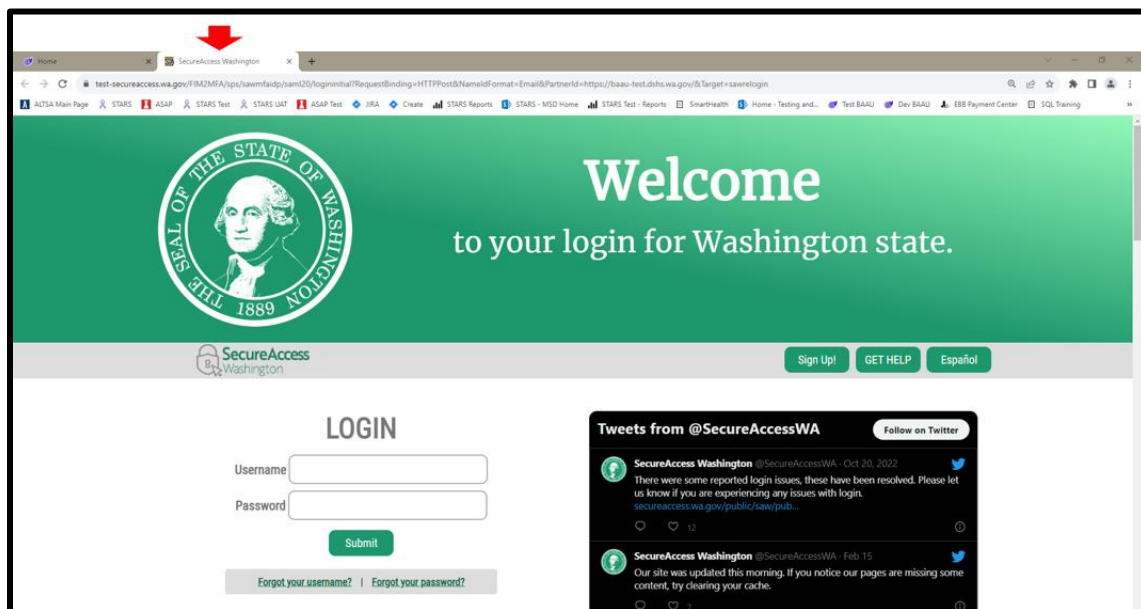
1. Go to the ALTA website at <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.
2. Under Quick Links, click on AFH Online License Application.



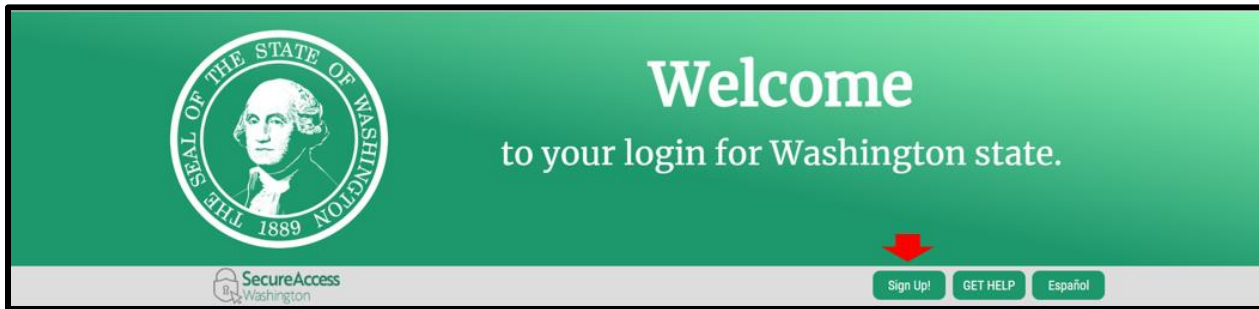
3. The *Login required* page appears. Click on *Open Login Window*.



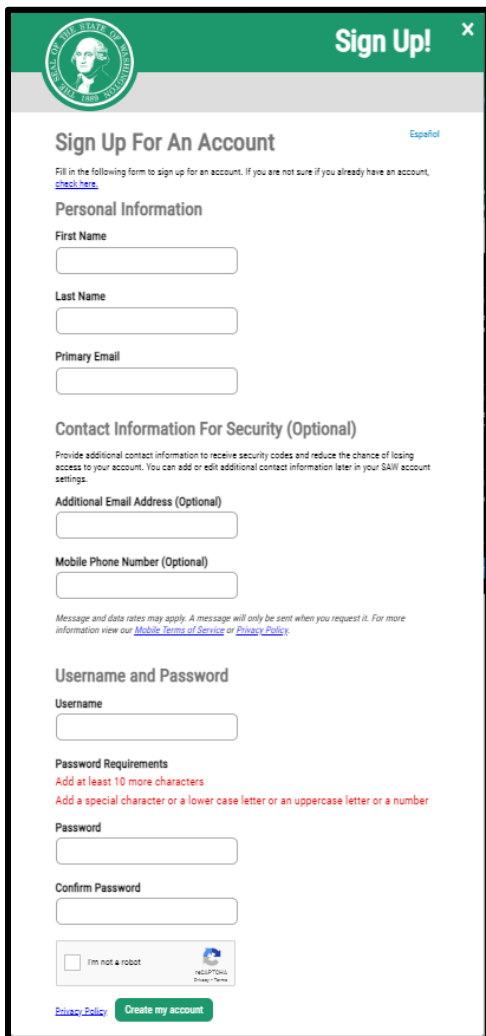
4. A new tab appears.



5. Click on *Sign Up!*

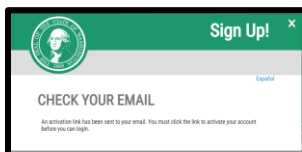


6. Complete the *Sign Up for An Account* page.

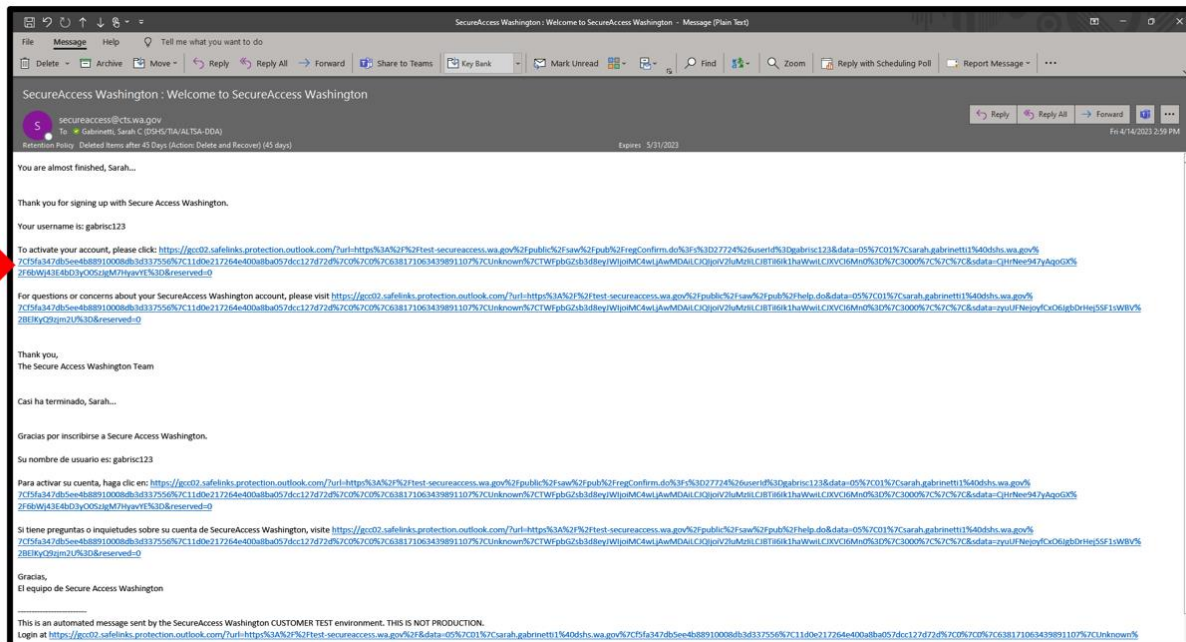
The image shows a "Sign Up!" window with a close button (X) in the top right corner. The window has a green header with the Washington State Seal on the left and the text "Sign Up!" on the right. Below the header is a grey bar containing the "SecureAccess Washington" logo on the left and three buttons: "Sign Up!", "GET HELP", and "Español". The main content area is white and contains the following sections:

- Sign Up For An Account** (with a link to "Español")
- Personal Information**
  - First Name:
  - Last Name:
  - Primary Email:
- Contact Information For Security (Optional)**
  - Additional Email Address (Optional):
  - Mobile Phone Number (Optional):
- Username and Password**
  - Username:
  - Password Requirements**
    - Add at least 10 more characters
    - Add a special character or a lower case letter or an uppercase letter or a number
  - Password:
  - Confirm Password:
- ☐ I'm not a robot (with a CAPTCHA image)
- [Privacy Policy](#) [Create my account](#)

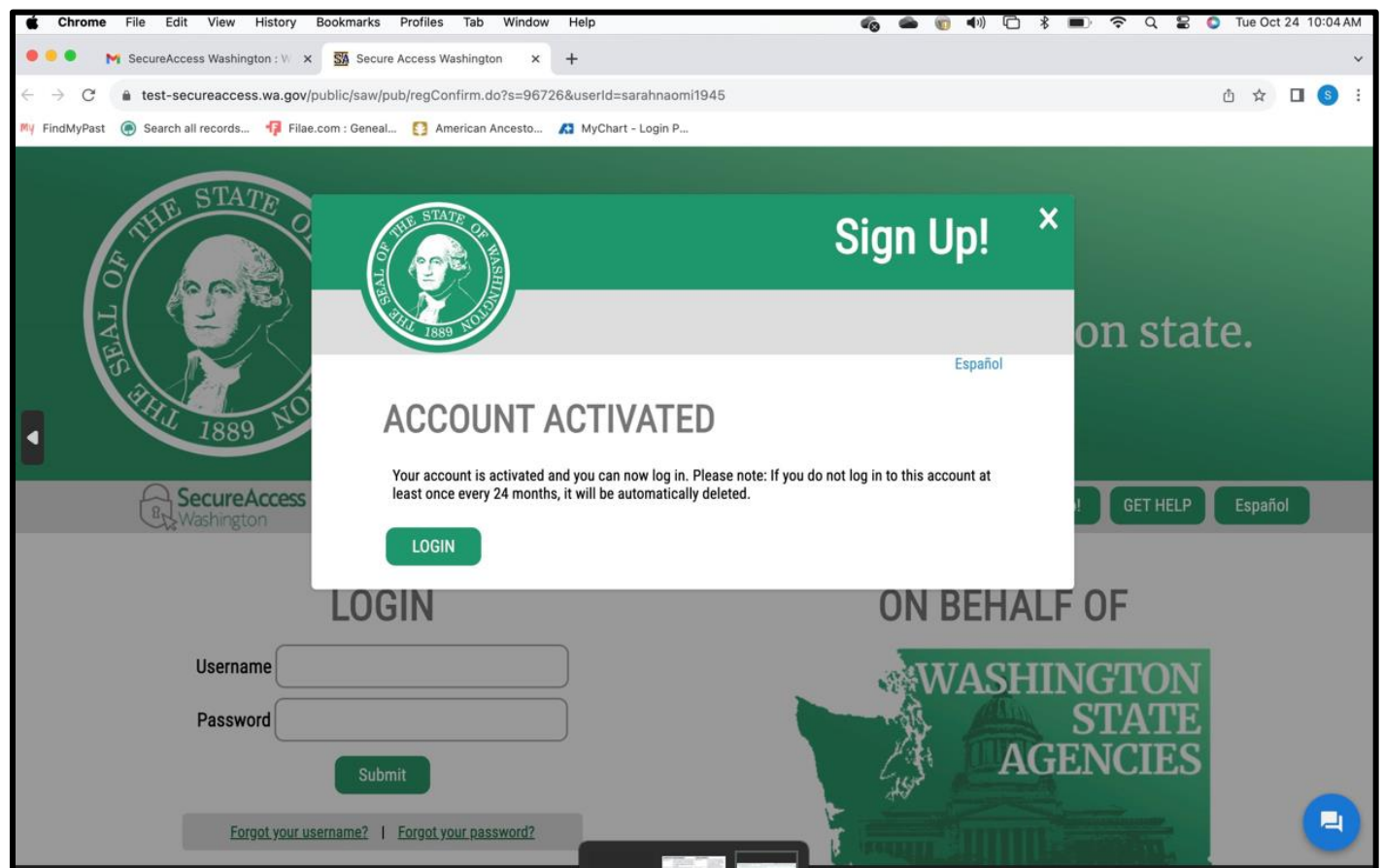
7. An email will be sent to validate the email address.



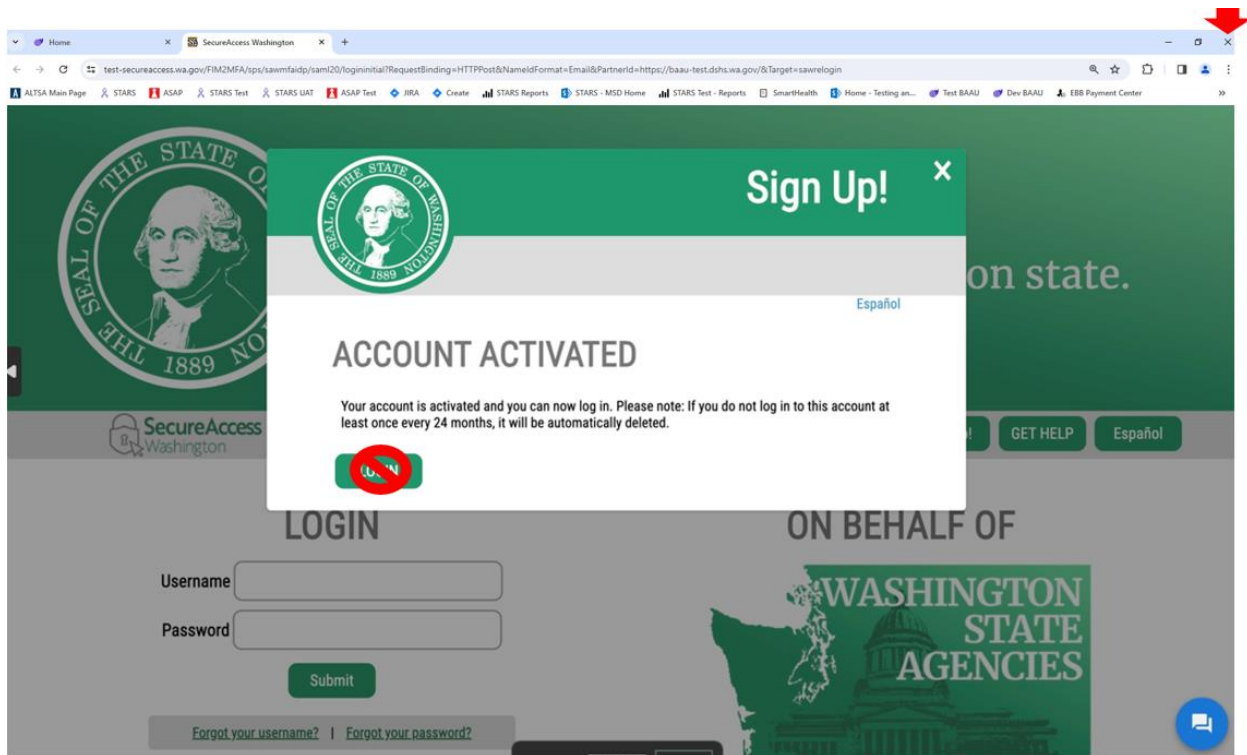
8. Click the link in the email.



9. The SAW Login page appears with a message that the account is activated.

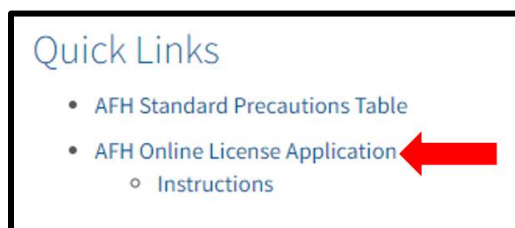


10. Close the web browser. Do not click on Login.

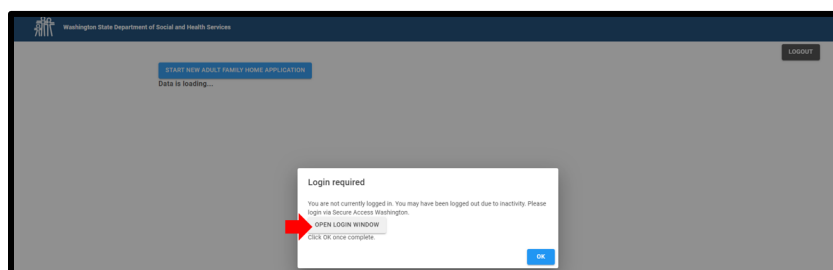


## B. Log in to the Web Application

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.

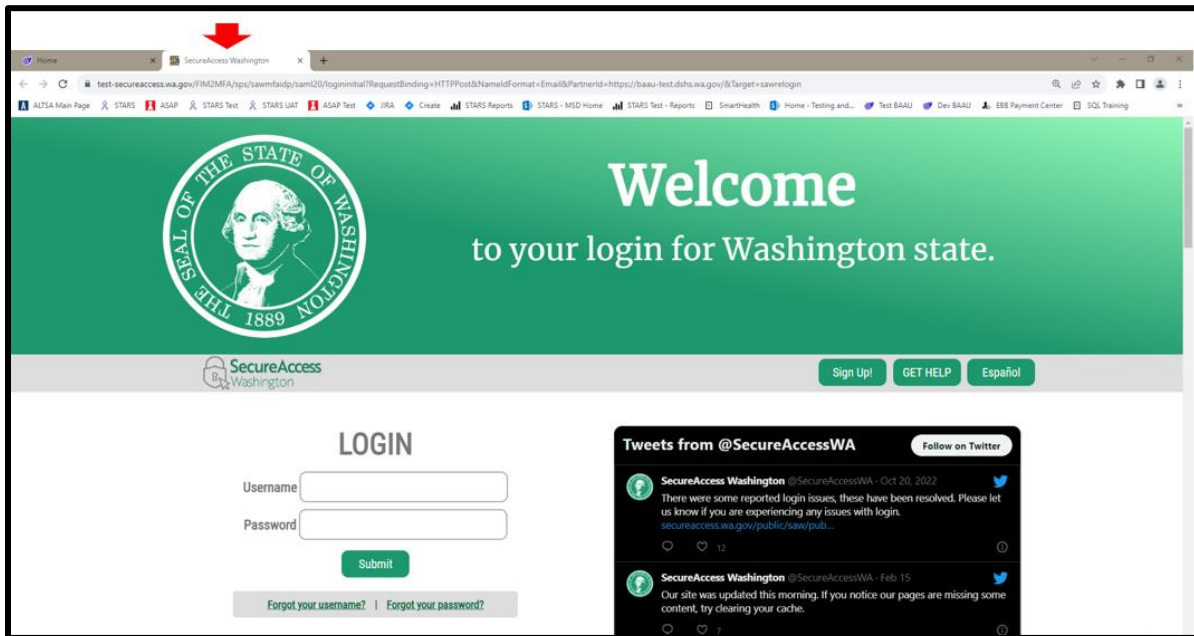


4. The *Login required* page appears. Click on *Open Login Window*.

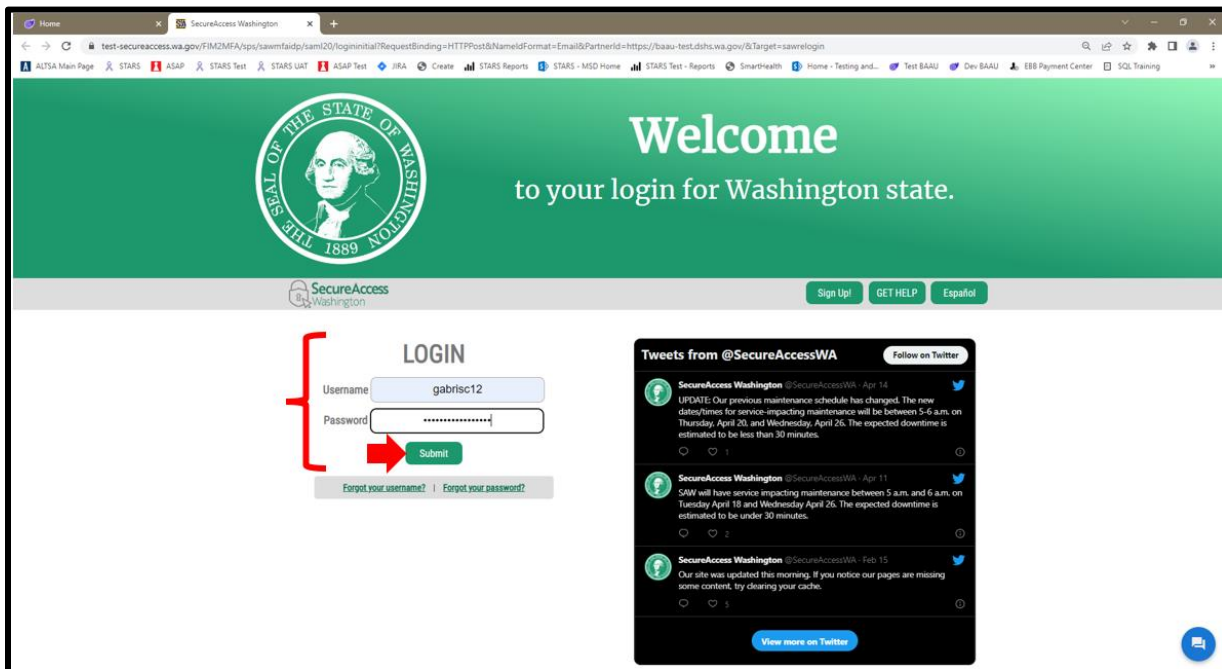




5. A new tab appears.



6. Fill in the *Login* information and click on *Submit*.

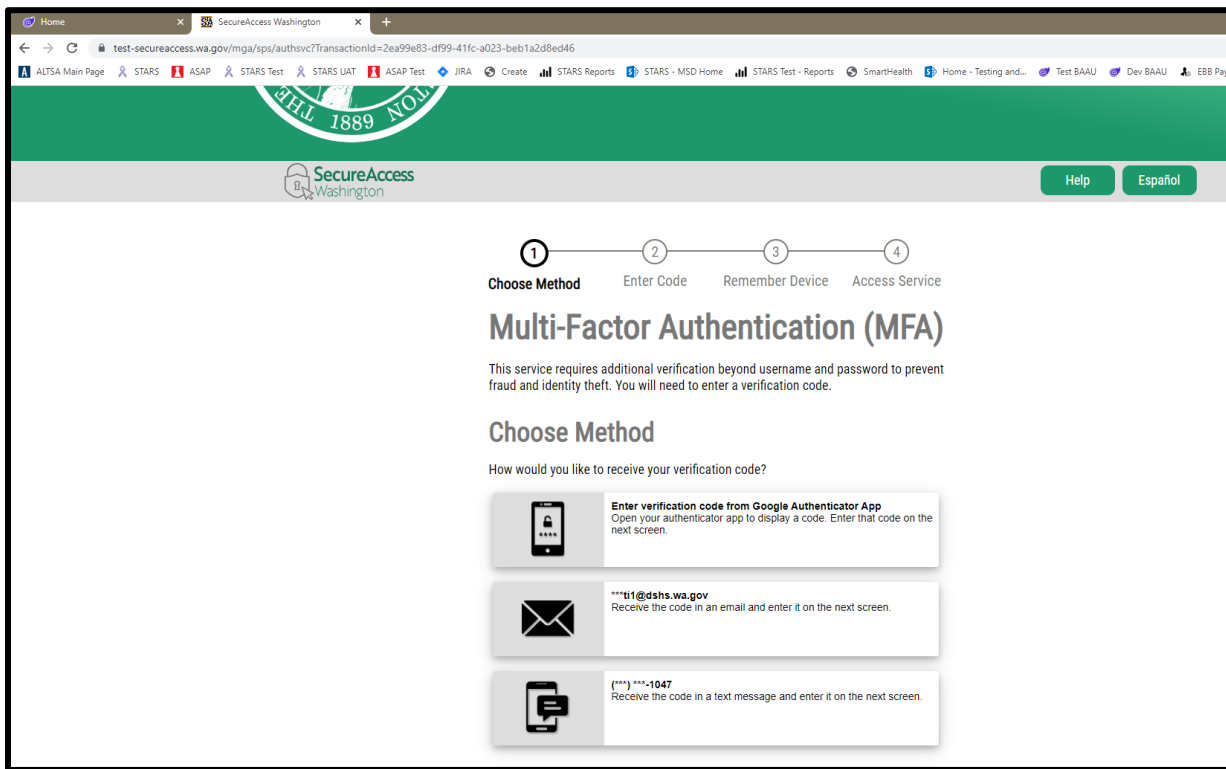


**Note:** If there are issues with the password, follow the attached instructions on how to reset it.

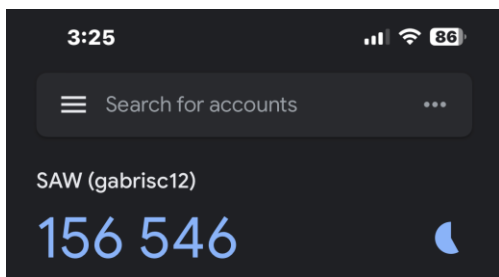


Steps to Reset Your  
SAW Password.pdf

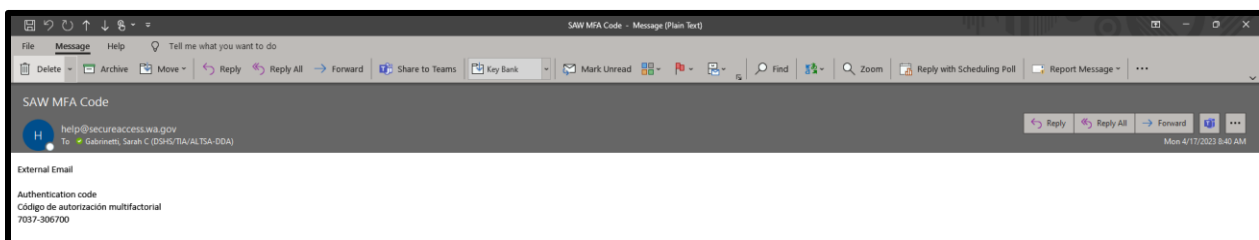
7. Choose a Multi-Factor Authentication method.



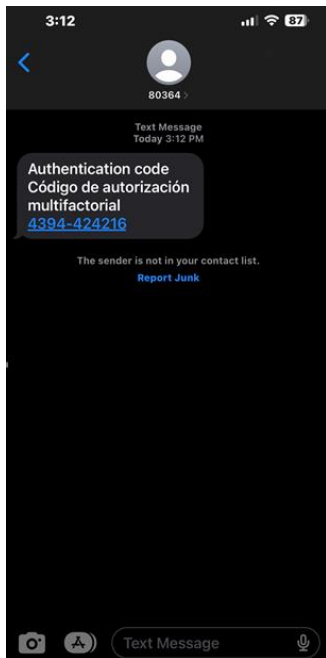
8. To receive it by an Authenticator App, click on that option.



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



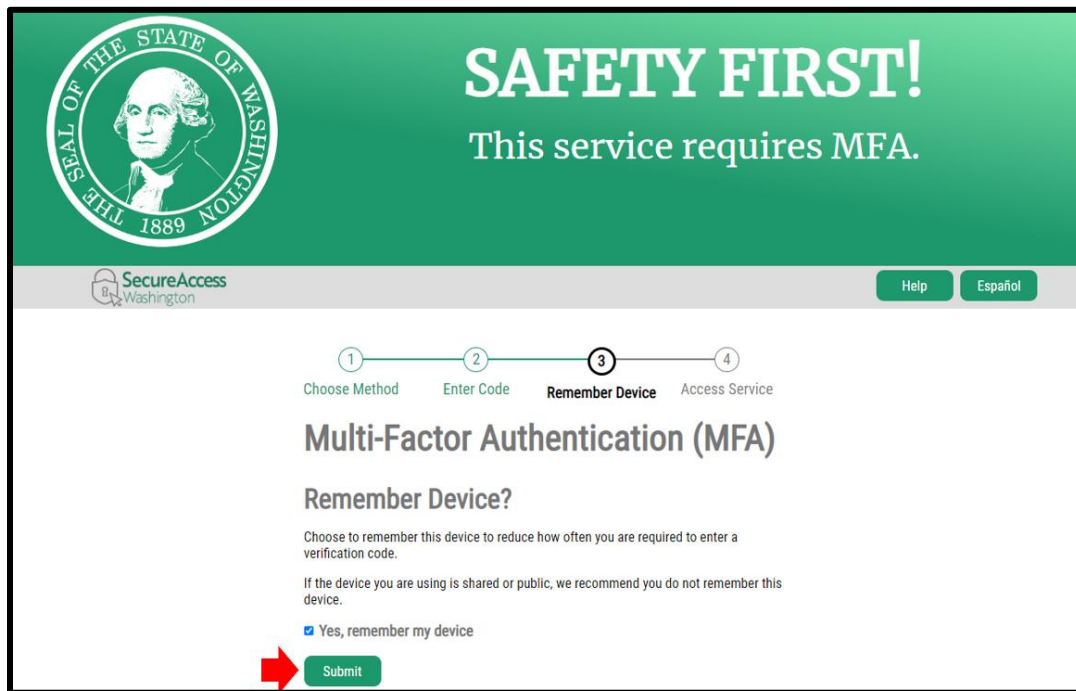
10. To receive it by text message, click on that option.



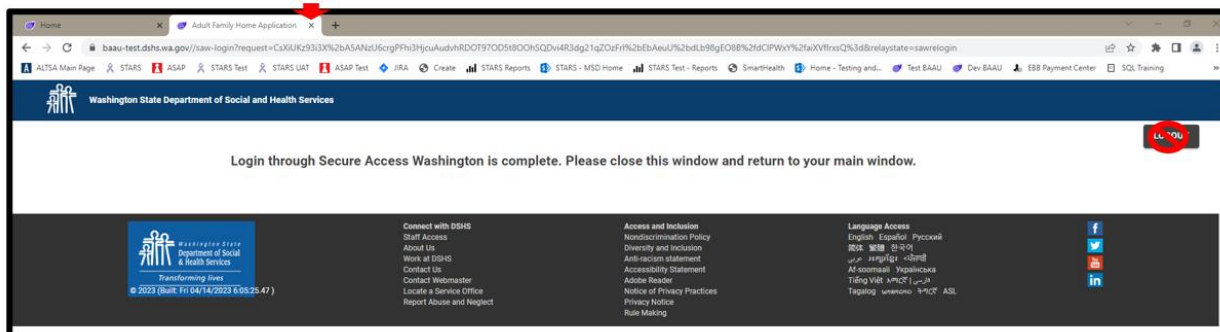
11. After selecting an option, enter the code.

12. Click *Submit*.

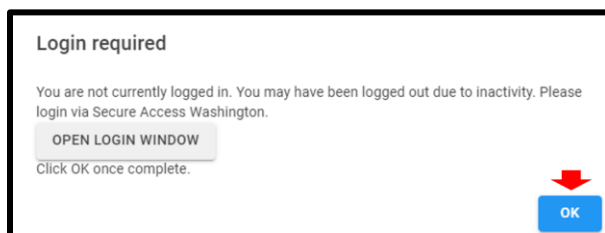
13. Check the checkbox to remember the device and click on *Submit*.



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

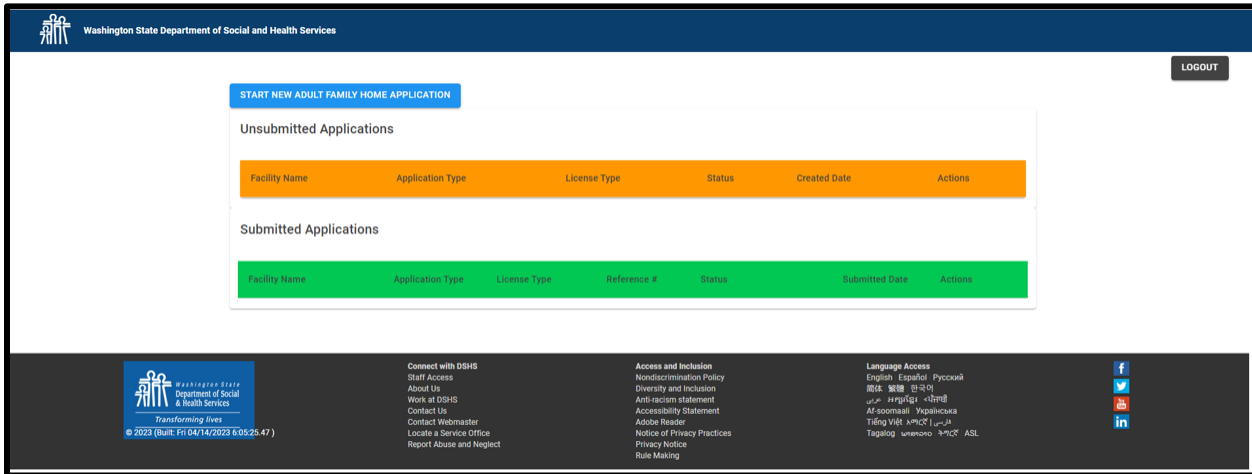


15. On the main window, click on **OK**.





## 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.

Unsubmitted Applications					
Facility Name	Application Type	License Type	Status	Created Date	Actions
	Initial	Adult family home	Pending submittal	4/14/2023	 

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

Facility Name

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

Application Type
Initial

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

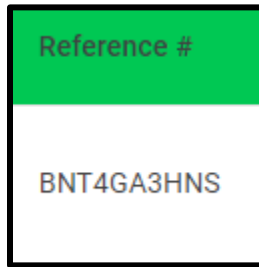
3. The *Application Type* shows the type of application submitted.

Application Type
Initial

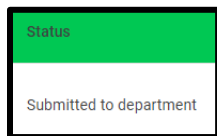
4. The *License Type* will be *Adult family home*.

License Type
Adult family home

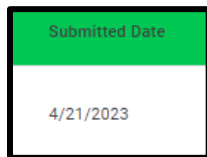
6. The *Reference #* is the confirmation number receive after the application is submitted.



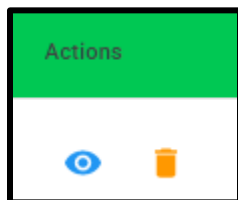
7. The *Status* will either be *Submitted to department* or *Withdrawn*.



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).



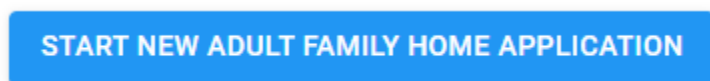
## C. Logging Out

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*.

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.

CANCEL APPLICATION

### B. DSHS Employee Questions

1. If anyone in the household is a DSHS/AL TSA 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



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 checklist?

☐ 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 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

Have you received a "passing" Building Inspection

☐ Yes ☒ No

**Application Type**

**Acknowledgement**

You are already required to have received a "PASSED" [Building Inspection Checklist](#) to submit an AFH Application. Please contact your local building inspector to ensure this is completed prior to submitting your application.

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

OK

## D. Application Type

1. Select the *Application Type*.

**Application Type**

Initial

Change of Ownership

Relocation Only

2. Click *Create New Application*.

CREATE NEW APPLICATION

## E. Before You Begin... Page

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

**Adult Family Home**

**Application**

Home

Adult Family Home Information

Entity Type & Employer IDs

Individuals & Roles

Specialty Training

License History

DSHS Employee(s)

Supporting Documentation

Certification

Sign and Pay

HelpDesk:  
BAAU/WebAppSupport@dshs.wa.gov

Instructions

Washington State Department of Social and Health Services

LOGOUT

**Before you begin...**

Prior to submitting an application for adult family home licensure, please ensure the following steps have been taken:

1. Register your business with the IRS, WA Secretary of State, and WA Department of Revenue.
2. Gather all supporting documentation required for your application type. See [link](#) for details.
3. Completed the [Building Inspection Checklist](#) and received a "Passed" inspection check from the Building Department for the jurisdiction the home is located in. (Excluding Change of Ownership application)
4. Complete the Adult Family Home administrator training - Certificate required. (applies to Sole Proprietor, Co-Applicant and Entity Representative)
5. Fill out the [Adult Family Home Caregiving Experience Attestation \(CEA\)](#) (applies to Sole Provider, Co-Applicant, Entity Representative and Resident Manager)
6. Fill out the following DSHS Forms:
  - 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 \(DSHS 27-226\)](#) (only required if the Adult Family Home will use a management company)
7. All individuals listed on the application must provide a background check authorization with confirmation number from the [DSHS Background Check System](#). Certain individuals will also need a fingerprint notification form.

Please note:  
All property owners not listed in the application must sign a written statement granting permission to use the property for an AFH. If the property owner is an entity, please include written statements from all individuals affiliated with that entity.

All governing individuals listed on the Department of Revenue business license and with the Secretary of State must match the information provided on the application.

All supporting documentation submitted must be up to date and certifications must be active.

If the application submitted is not complete or does not contain all required supporting documentation, the applicant will have 60 calendar days after the date of the initial request from BAAU to return all requested materials for a complete application per [WAC 388-76-10075](#).

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.

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

Name of proposed Adult Family Home: \_\_\_\_\_ Address: \_\_\_\_\_

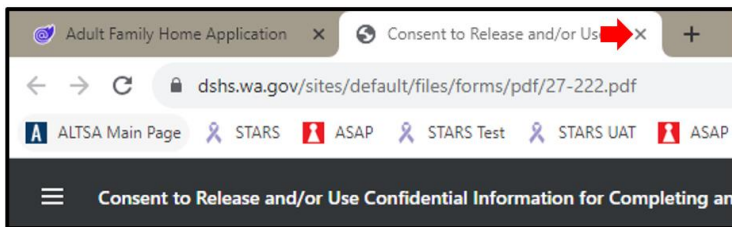
Must be signed and dated by:

- Sole Proprietor or Entity Representative
- Spouse or domestic partner of sole proprietor
- Entity Owners, Partners, Officers, Directors (includes all members of corporation)
- Spouse or domestic partner of an entity representative with an ownership interest in the business
- 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.**

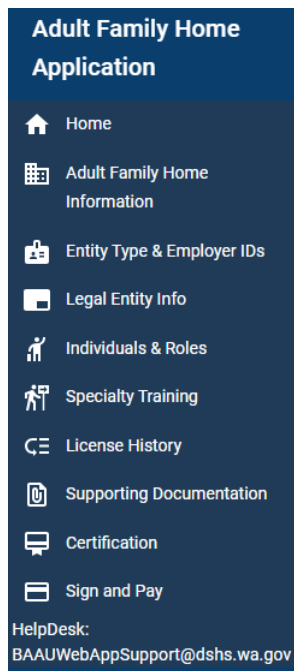
I consent to the release and use of confidential information about me within the Department of Social and Health Services (DSHS) for purposes of licensing and contracting. I grant permission to DSHS and any agency, division, office, or the police to use my confidential information and disclose information 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 386-61 WAC)

4. Click on the “X” to close the second tab and get back to the application.



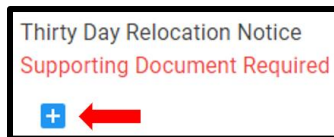
## F. Side Menu

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



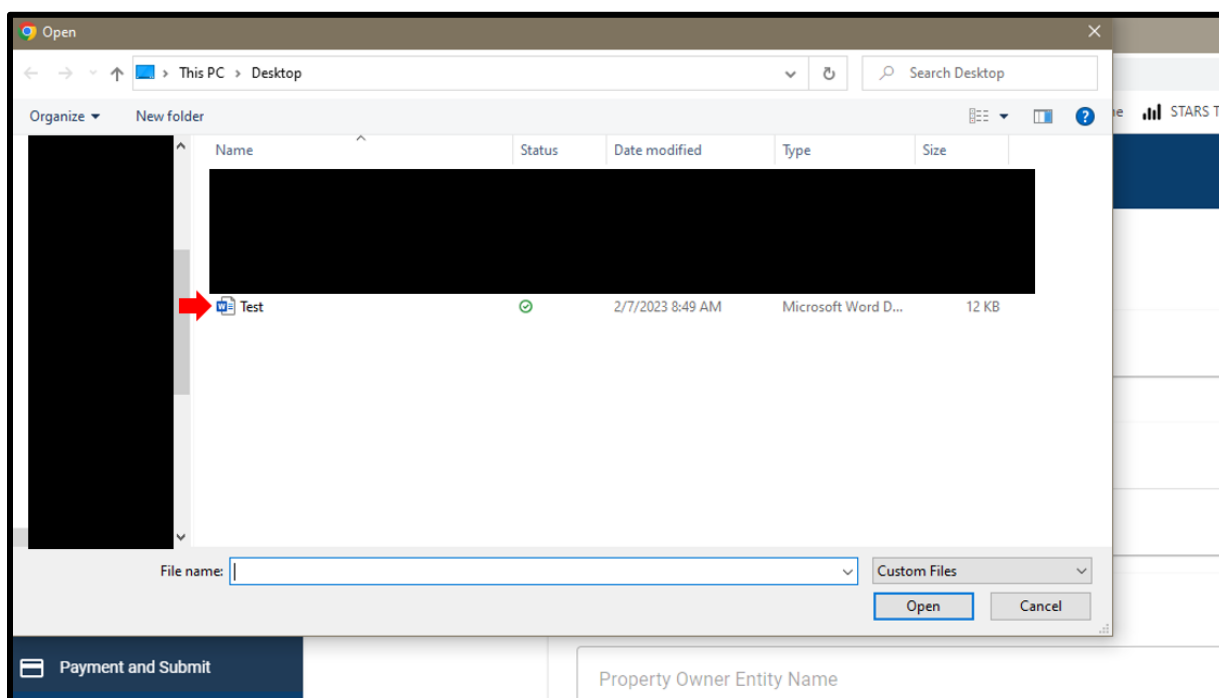
## Chapter 4: How to Upload Supporting Documentation

1. Throughout the application supporting documentation will be uploaded.
2. Click on the “+” button.

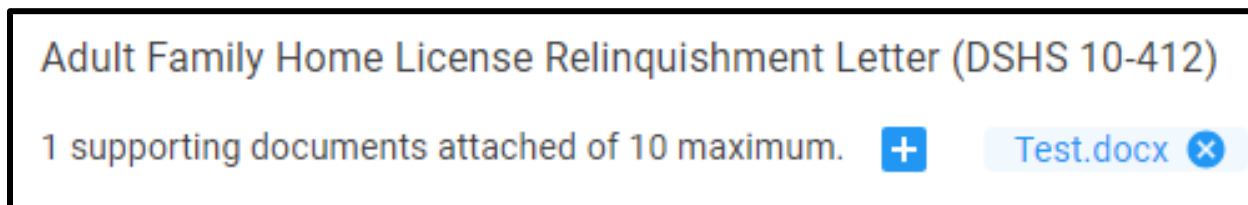


**Note: Only file types of JPEG, PNG, JPG, GIF, TIFF, .doc, .docx, .rtf, .xls, .xlsx, .csv, and PDF can be uploaded.**

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.   



6. Click on the “x” to delete it.




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


1 supporting documents attached of 10 maximum.   



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.   



## 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

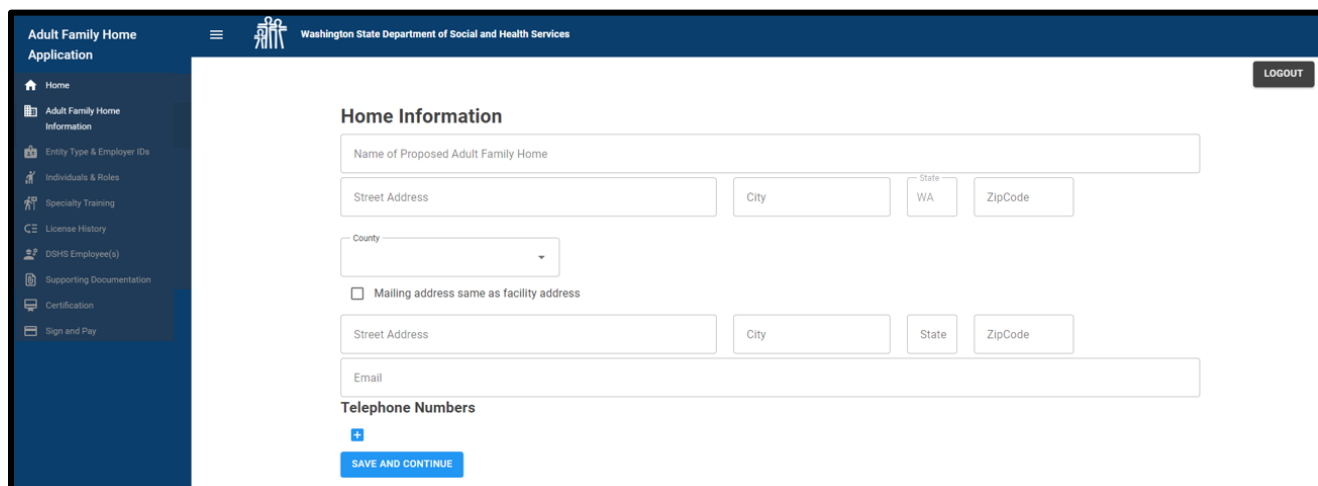
### A. Adult Family Home Information

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

Adult Family Home Application

Home

Adult Family Home Information

Entity Type & Employer IDs

Individuals & Roles

Specialty Training

License History

Supporting Documentation

Certification

Sign and Pay

Washington State Department of Social and Health Services

LOGOUT

Home Information

Name of Proposed Adult Family Home

Street Address

City

State

ZipCode

County

☐ Mailing address same as facility address

Street Address

City

State

ZipCode

Email

Telephone Numbers

Adult Family Home Relinquishment Letter

Supporting Document Required

Sixty Day Change of Owner Notice

Supporting Document Required

SAVE AND CONTINUE

# Relocation Only Application Fields

Adult Family Home Application

Home

Adult Family Home Information

Entity Type & Employer IDs

Individuals & Roles

Specialty Training

License History

Supporting Documentation

Certification

Sign and Pay

Washington State Department of Social and Health Services

LOGOUT

Current Adult Family Home Information

Current Adult Family Home Name

Current Adult Family Home License

Street Address

City

State

Zip Code

County

Thirty-Day Relocation Notice to Residents (WAC 388-76-10110)

Supporting Document Required

Home Information

Name of Proposed Adult Family Home

Street Address

City

State

Zip Code

County

☐ Mailing address same as facility address

Street Address

City

State

Zip Code

Email

Telephone Numbers

SAVE AND CONTINUE

Page 25 of 68

## Supporting Documentation

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

Document Type	Application Type		
	Initial	Relocation Only	Change of Ownership
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*.

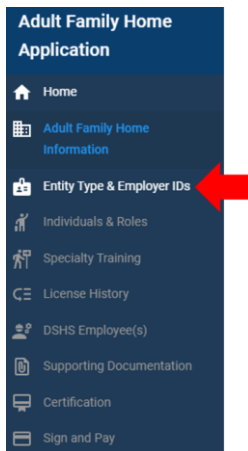
SAVE AND CONTINUE

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



## 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.

A screenshot of the 'Adult Family Home License Application - Initial' page. The page is white with a dark blue header and side menu. The side menu is the same as the one in the previous image. The main content area is titled 'Adult Family Home License Application - Initial'. It has a 'Logout' button in the top right corner. The 'Entity Type' section has radio buttons for 'Sole proprietorship' (selected), 'For-profit corporation', 'Limited partnership', 'Government agency', 'General partnership', 'Non-profit corporation', 'Limited liability company', and 'Group or association'. The 'Marital Status' section has radio buttons for 'Married or state registered domestic partner' and 'Single'. The 'Employer IDs' section has input fields for 'Federal Employer Identification Number' and 'WA State Unified Business Identifier'. There are also sections for 'Master Business License' and 'Internal Revenue Service Document', both marked as 'Supporting Document Required'. A 'SAVE AND CONTINUE' button is at the bottom.

### Entity Type

1. Select the entity type.

A screenshot of the 'Entity Type' section of the application. It shows radio buttons for 'Sole proprietorship' (selected), 'For-profit corporation', 'Limited partnership', 'Government agency', 'General partnership', 'Non-profit corporation', 'Limited liability company', and 'Group or association'.

### Marital Status

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

Marital Status

☐ Married or state registered domestic partner
 ☐ Single

## Co-Applicant

- 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

- 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

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

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

- The department will let the applicant know if they need to submit any other documents after the application has been submitted.
- For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

## Saving the Page

- Click *Save and Continue*.

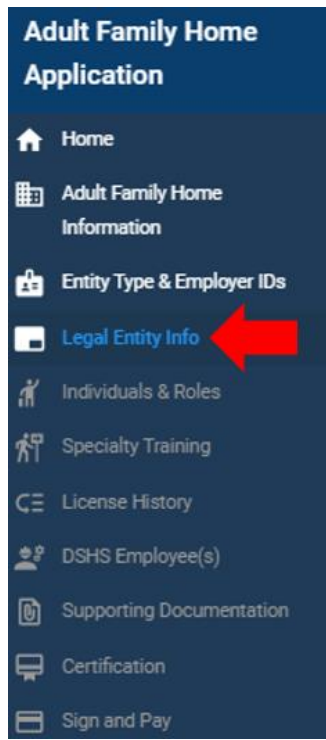
SAVE AND CONTINUE

- A “Saved” message appears in the upper right-hand corner of the screen.

Saved

## E. Legal Entity Info

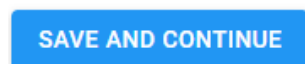
1. This page will display for entity types other than sole proprietor.
2. Click on the link in the side menu.



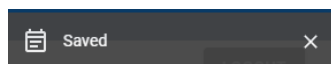
3. The page will appear.

A screenshot of the 'Legal Entity Information' page. The page has a white background with a dark blue header. The header contains the 'Adult Family Home Application' logo, a hamburger menu icon, the 'Washington State Department of Social and Health Services' logo, and a 'LOGOUT' button. The left sidebar is the same as the previous screenshot. The main content area is titled 'Legal Entity Information' and contains a form with the following fields: 'Legal Name of Entity' (a single-line text input), 'Legal Entity Mailing Address' (a section header), 'Street Address' (a single-line text input), 'City' (a single-line text input), 'State' (a single-line text input), 'ZipCode' (a single-line text input), and 'Telephone Numbers' (a section header with a plus icon and a 'SAVE AND CONTINUE' button).

4. Click *Save and Continue* after completing the page.

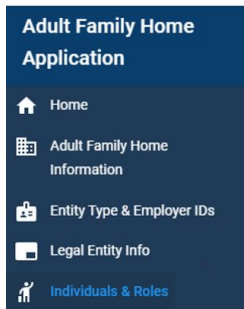


5. A “Saved” message appears in the upper right-hand corner of the screen.

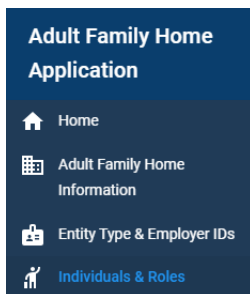


## F. Individuals & Roles

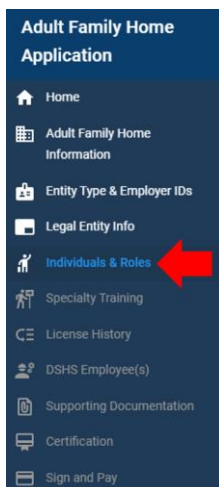
1. On this page, list all individuals involved in the adult family home, including what role they will have.
2. The page will either appear after the *Legal Entity Info* page if it was completed.



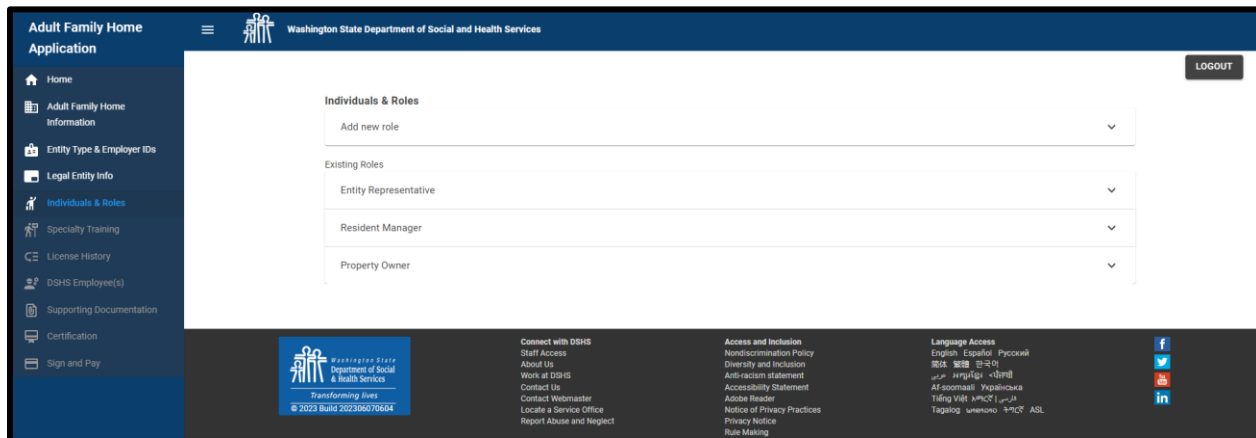
3. Or after the *Entity Type & Employer IDs* page is completed if the *Legal Entity Info* page was not completed.



4. Click on the link in the side menu.



5. The page appears.



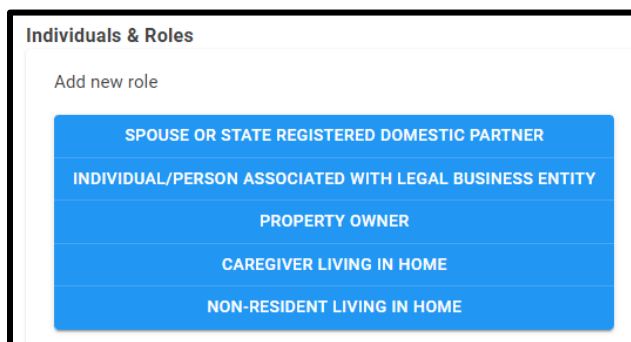
## Roles

### 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	
Entity Representative	▼
Individual/Person Associated with Legal Business Entity	▼
Resident Manager	▼
Property Owner	▼
 Caregiver Living in Home	▼

### 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.

Existing Roles	
Entity Representative	▼
Individual/Person Associated with Legal Business Entity	▼
Resident Manager	▼
Property Owner	▼

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.



## Add Person

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



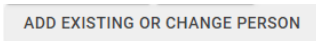
## Edit Person

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.

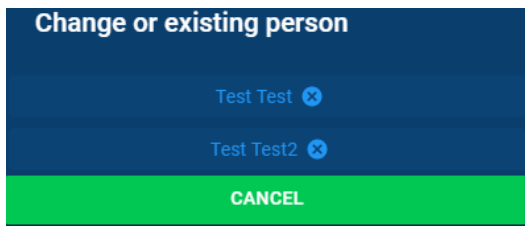


## Add Existing or Change Person

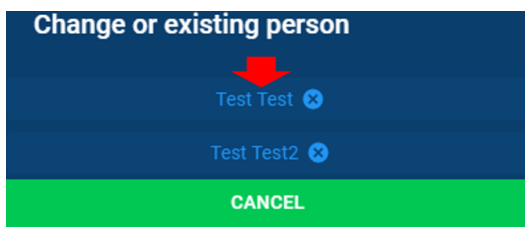
1. Click the *Add Existing or Change Person* to add an existing person or change a person.



2. The *Change or existing person* panel appears to the right of the screen.



3. Click on the person's name.



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

Property Owner - Test Test

Property Owner Entity Name

OR

First name: Test Middle name: Last name: Test

Property Owner Physical Address (No P.O. Box)

City: State: Zip Code:

Will the property owner take active interest in the operation of adult family home ?

☐ Yes ☒ No

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

Property Owner - Test Test

Property Owner Entity Name

OR

First name: Test Middle name: Last name: Test

Property Owner Physical Address (No P.O. Box)

City: State: Zip Code:

Will the property owner take active interest in the operation of adult family home ?

☐ Yes ☒ No

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

Change or existing person

Test Test1

CANCEL

### 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.

Document Type	Role 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									

- The department will let the applicant know if they need to submit any other documents after the application has been submitted.
- For additional instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

### Save Person

- Click *Save Person* to save the information.

SAVE PERSON

### Cancel

- Click *Cancel* to not save the changes.

CANCEL

### Delete Role

- Click *Delete Role* to delete the role.

DELETE ROLE

### Save and Continue

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

SAVE AND CONTINUE

## List of Roles and Required Fields

- The following is a list of all the roles and their required fields.


### Sole Proprietor

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  

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  

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  

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  

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 <small>The First Name field is required.</small>	Middle name	Last name <small>The Last Name field is required.</small>	Social security number <small>The SSN field is required</small>
Date of birth  <small>Not a valid date of birth</small>	Email		

### *Co-applicant*

First name <small>The First Name field is required.</small>	Middle name	Last name <small>The Last Name field is required.</small>	Social security number <small>The SSN field is required</small>
Date of birth  <small>Not a valid date of birth</small>	Email		

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

### *Caregiver Living in Home*

First name <small>The First Name field is required.</small>	Middle name	Last name <small>The Last Name field is required.</small>	Social security number <small>The SSN field is required</small>
Date of birth  <small>Not a valid date of birth</small>	Email		

### *Non-resident Living in Home*

First name <small>The First Name field is required.</small>	Middle name	Last name <small>The Last Name field is required.</small>	Social security number <small>The SSN field is required</small>
Date of birth  <small>Not a valid date of birth</small>	Email		

**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

Property Owner Entity Name

Either Entity Name or First/Last Name is required

OR

First name

Either Entity Name or First/Last Name is required

Middle name

Last name

Either Entity Name or First/Last Name is required

Property Owner Physical Address

The Property Owner Physical Address field is required.

City

The City field is required.

State

The State field is required.

Zip Code

The Postal Code field is required.

Will the property owner take active interest in the operation of adult family home ?

☐ Yes ☒ No

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.

Will the property owner take active interest in the operation of adult family home ?

☐ Yes ☒ No

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.

Entity Representative - Test Test

First name

Test

Middle name

Last name

Test

Social security number

\*\*\*\*\*

Date of birth

\*\*\*\*\*

EDIT PERSON

ADD EXISTING OR CHANGE PERSON

UPLOAD SUPPORTING DOCUMENTATION

DELETE ROLE

5. Click *Delete Role*.

Entity Representative - Test Test

First name: Test Middle name: Last name: Test Social security number: \*\*\*\*\*

Date of birth: \*\*\*\*\*

EDIT PERSON

ADD EXISTING OR CHANGE PERSON

UPLOAD SUPPORTING DOCUMENTATION

DELETE ROLE

6. Click *Yes, Delete*.

Delete item?

Are you sure you want to delete this item?

CANCEL 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.

Adult Family Home Application

Home

Adult Family Home Information

Entity Type & Employer IDs

Legal Entity Info

Individuals & Roles

Specialty Training

License History

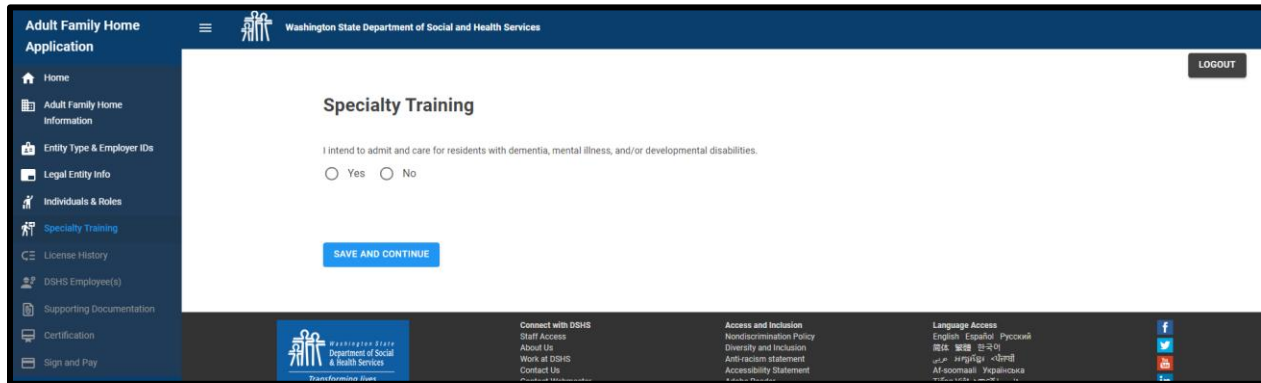
DSHS Employee(s)

Supporting Documentation

Certification

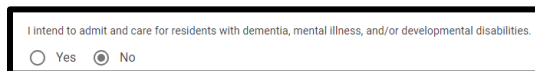
Sign and Pay

### 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.

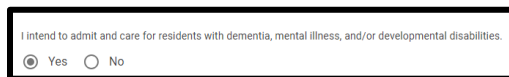


2. Save the page and continue to the *License History* page.

SAVE AND CONTINUE

#### 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

Dementia

☐ Yes ☐ No

Mental Illness

☐ Yes ☐ No

Developmental Disabilities

☐ Yes ☐ No

[SAVE AND CONTINUE](#)

Sole Proprietor Certificates  
(Test Test)

### 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 

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

## Saving the Page

- Click *Save and Continue*.

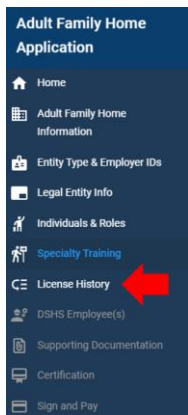
SAVE AND CONTINUE

- 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.

A screenshot of the 'License History' form in the 'Adult Family Home Application'. The form is titled 'License History' and contains four questions. Each question has 'Yes' and 'No' radio button options. A 'SAVE AND CONTINUE' button is at the bottom. The form is part of the 'Adult Family Home Application' interface, with a side menu on the left and a 'LOGOUT' button in the top right corner.

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

A screenshot of the 'License History' form showing additional sub-questions for question 1. Question 1a asks if the license, contract, and/or certification to operate a facility was denied, decertified, terminated, revoked, suspended, or imposed with conditions, civil fine, or stop placement to provide care to vulnerable adults, children, or persons with mental illnesses or developmental disabilities. Question 1b asks if the license and/or certification was not renewed when notified by the state agency of initiation of denial, suspension, cancellation, or revocation. Question 2a asks if the Medicaid contract or Medicare provider agreement was revoked, terminated, cancelled, suspended, or not renewed. Each sub-question has 'Yes' and 'No' radio button options.

5. Complete the fields.

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			

**Adding Additional Individual or Entity**

1. Click *Save and Continue*.

Entity Name	OR	Listed Individual	
test			
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			
ADD INDIVIDUAL OR ENTITY			
SAVE AND CONTINUE			

2. Click *Add Individual or Entity*.

Entity Name	OR	Listed Individual	
test			
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			
ADD INDIVIDUAL OR ENTITY			
SAVE AND CONTINUE			

3. Complete the fields.

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

---

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*.



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



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

State

wa

Zip Code

98888

Type of Finding and/or Conviction

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

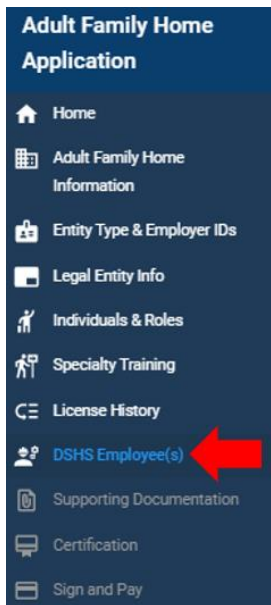
SAVE AND CONTINUE

CANCEL

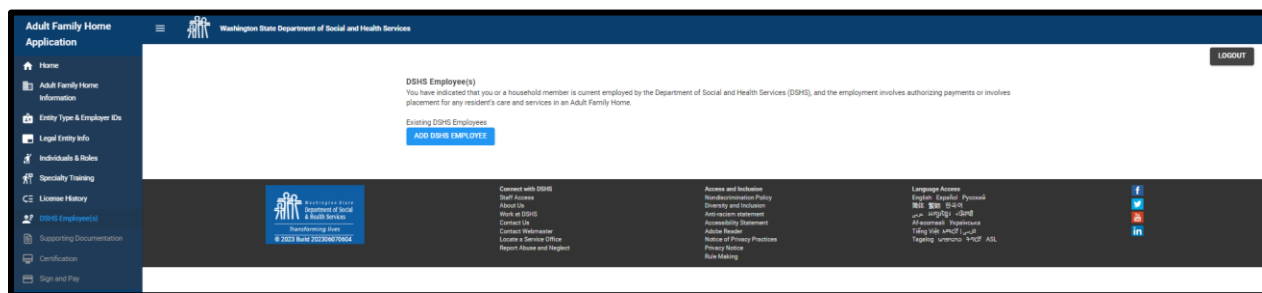


## I. DSHS Employee(s)

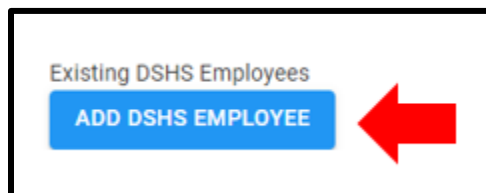
1. On this page, indicate any household members currently employed by DSHS.
2. Click on the link in the side menu.



3. A statement regarding DSHS employment appears.



4. Click *Add DSHS Employee*.



5. Complete the fields.

First name	Last name	DSHS Title and Administration
------------	-----------	-------------------------------

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

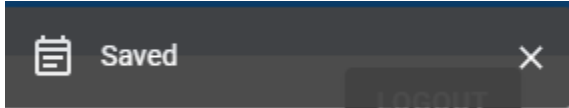


CANCEL

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

SAVE PERSON

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



### **Adding Additional DSHS Employees**

1. Click *Add DSHS Employee*.

ADD DSHS EMPLOYEE

2. Complete the fields.

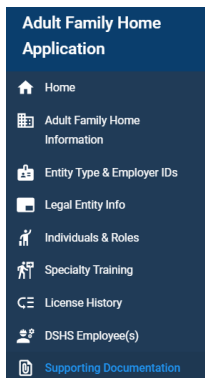
First name	Last name	DSHS Title and Administration
------------	-----------	-------------------------------

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

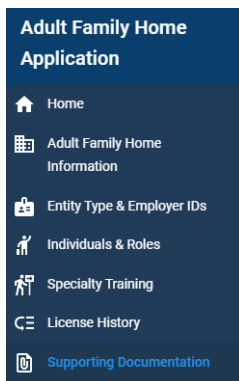
SAVE PERSON

## J. Supporting Documentation

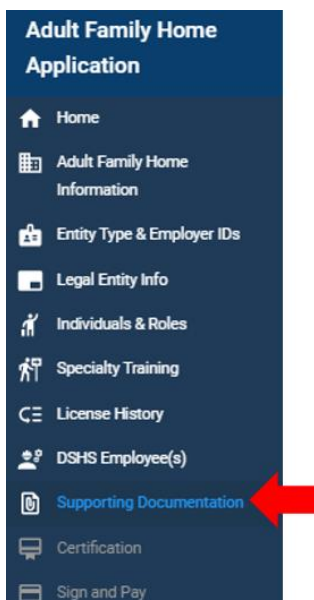
1. On this page, upload additional supporting documents.
2. The page will either appear after the *DSHS Employee(s)* page if it was completed.



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.



- A list of documents will appear.

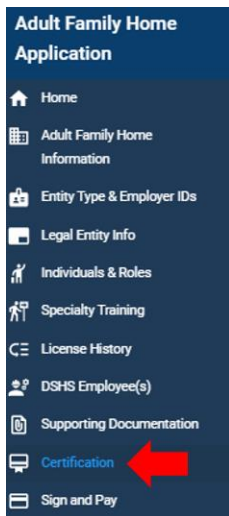
- This table shows a list of which documents are required to submit the application.

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

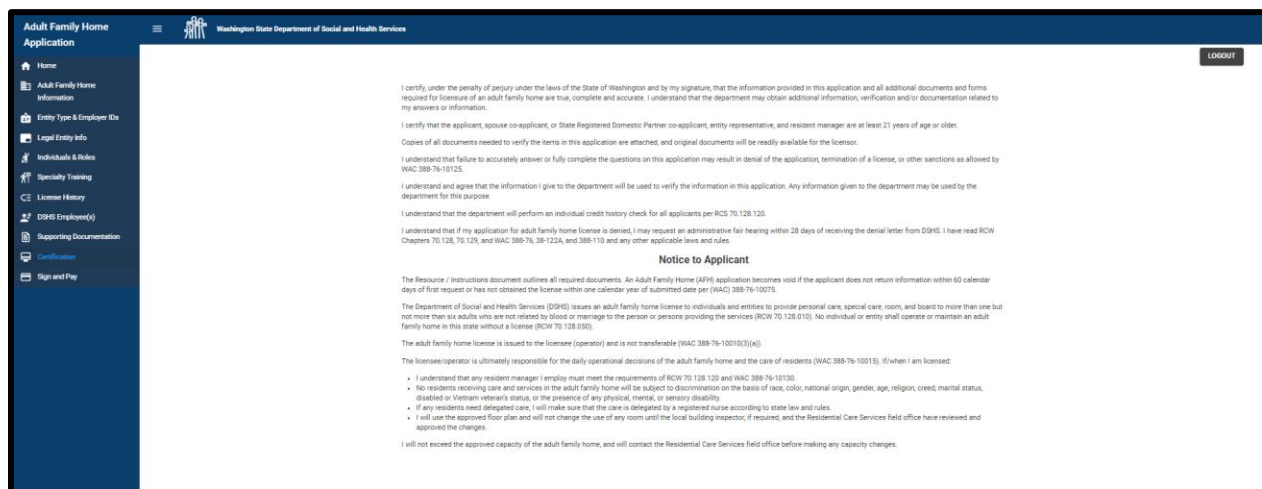
- The department will let the applicant know if they need to submit any other documents after the application has been submitted.
- For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

## K. Certification

1. On this page, review the notices.
2. Click on the link in the side menu.

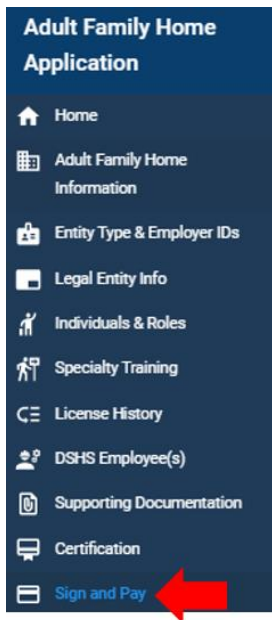


3. The page appears.

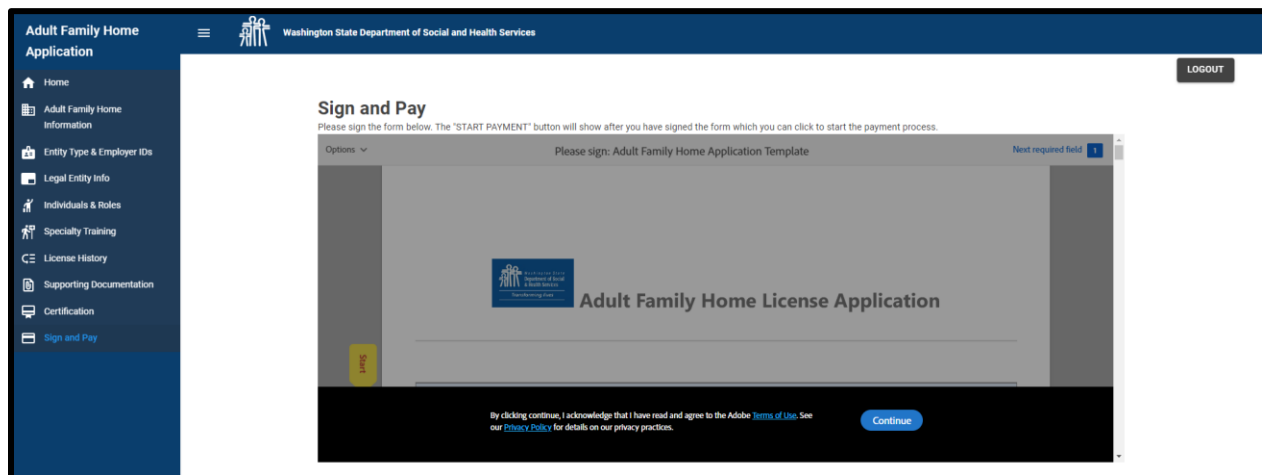


## L. Sign and Pay

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.

Options ▾ Please sign: Adult Family Home Application Template Next required field 1

**Adult Family Home License Application**

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

Continue

2. Click on *Start*.

Acrobat Sign Sandbox Learn more

Options ▾ Please sign: Adult Family Home Application Next required field 1

**Adult Family Home License Application**

Type of Application:

3. Select *Click here to sign*.

Acrobat Sign Sandbox Learn more

Options ▾ Please sign: Adult Family Home Application Next required field 1

office before making any capacity changes.

**Applicant Certification Signature**

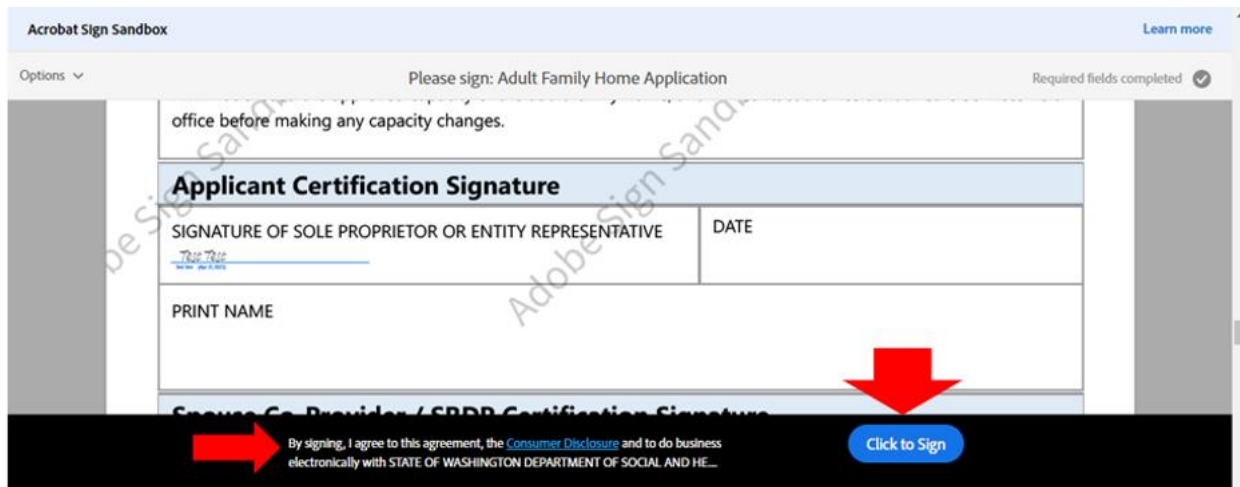
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE	DATE
<a href="#">* Click here to sign</a>	
PRINT NAME	

**Spouse Co-Provider / SRDP Certification Signature**

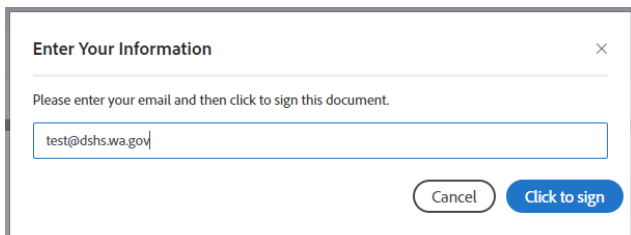
4. Sign the application and click *Apply*.



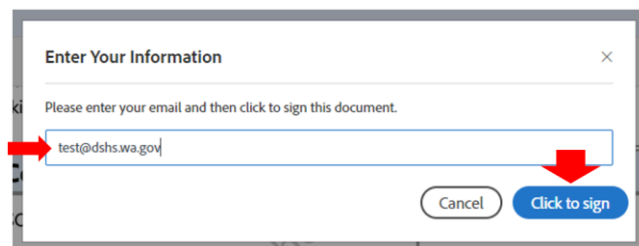
5. Select *Click to Sign*.



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.**


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

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.

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

**START PAYMENT**

Payments may take some time to process after being submitted. If you have already completed your payment, you can try refreshing this page to see if it has been received by our system.

## Submitting the Payment


1. Click *Start Payment*.

**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.

**Just one more step**

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "Adult Family Home Application" until you've confirmed.



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**START PAYMENT**

Payments may take some time to process after being submitted. If you have already completed your payment, you can try refreshing this page to see if it has been received by our system.

2. The payment site appears.



Simple Payment

sbcs.billerpayments.com/app/simplepayui/?tsn=dshs#/simplepay/payment

ALISA Main Page STARS ASAP STARS Test STARS UAT ASAP Test JIRA Create STARS Reports STARS - MSD Home STARS Test - Reports SmartHealth Home - Testing and... Test BAU Dev BAU EBB Payment Center SQL Training

SB

WASHINGTON STATE  
Department of Social and Health Services

Welcome to payment processing for DSHS - Aging and Long-Term Support Administration. Please enter your details below and press Continue to proceed.

Customer Details Payment Details Review Thank You

**Enter Your Details**

Account Number: \*  
0X02PQ8PLK

Email Address: \*

First Name: Last Name: \*

☐ Is Address Overseas

Address Line 1:

Address Line 2: City:

State: Zip:  
-Select-

Continue

Copyright Alacriti Payments LLC - 2023 -

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

Customer Details Payment Details Review

**Enter Your Details**

Account Number: \*  
YXPE7GRNGS

Email Address: \*  
test@dshs.wa.gov

First Name: Last Name: \*

Test Test

☐ Is Address Overseas

Address Line 1:  
123 Test Ave

Address Line 2: City:  
 Test

State: Zip:  
Washington 98503

Continue

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

Customer Details Payment Details

Payment Details

Payment Type: \* ☒ One Time

Payment Method: \*  
-Select- ▼

Payment Amount: \*  
2750.00

Enter Additional Payment Details

AppID:  
01H5K44M5MKRPBDVY22QGEN0VD

Confirm

5. Select the *Payment Method*.

Payment Method: \*

-Select- ▼

-Select-

New Bank Account

New Card Account

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

Add New Bank Details

Name on Account: \*  
test

Account Type: \*  
Checking ▼

Routing Number: \* [What is this?](#)  
325181015

Account Number: \* [What is this?](#) Re-Enter Account Number: \*  
\*\*\*\*\*

Save changes Cancel

7. Save changes.

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.



Customer Details
Payment Details
Review
Thank You

**Account Details**  
Account Number: 9OYM9JP0V6  
Name On Account: Gabrinetti

**Payment Details**  
Payment Method: Visa Card ending in 9990  
Payment Type: One Time  
Card Address: test, test, WA 98888, USA  
Expiration Date: 12/23  
Payment Amount: \$2,750.00  
Fee: \$79.75  
Payment Date: 07/17/2023  
Total Amount: \$2,829.75

**Additional Payment Details**  
AppID: 01HSK44M5MKRPBDVY22QGEN0VD

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to make a payment to the **Account**, as detailed above. The payment to your account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.

Confirm
Edit

12. Click *Edit* to make changes.

Edit

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

Confirm

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

WASHINGTON STATE  
Department of Social and Health Services

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 call us on 1-360-725-3768 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>.

Customer Details
Payment Details
Review
Thank You

**Confirmation Number:** INPV5X7FNF

**Account Details**  
Account Number: DRTO6S8IK9  
Name On Account: gabrinetti  
Email Address: sarah.gabrinetti1@dshs.wa.gov

**Payment Details**  
Payment Method: Visa Card ending in 9990  
Payment Type: One Time  
Card Address: test, test, WA 88888, USA  
Payment Amount: \$2,750.00  
Fee: \$79.75  
Payment Date: 08/07/2023  
Total Amount: \$2,829.75

**Additional Payment Details**  
AppID: 01H6YAHNN413THVQRVC5T5MAQW

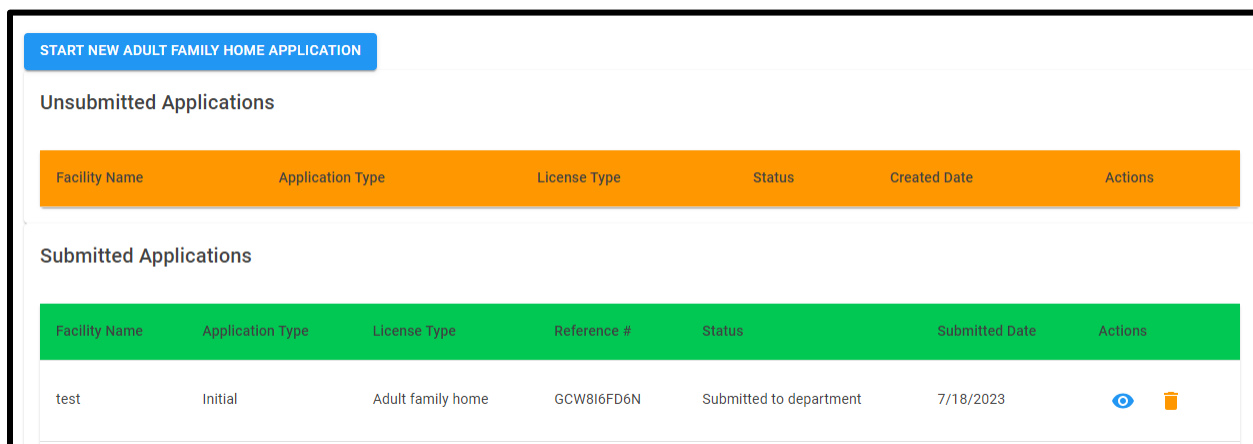
Make Another payment

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

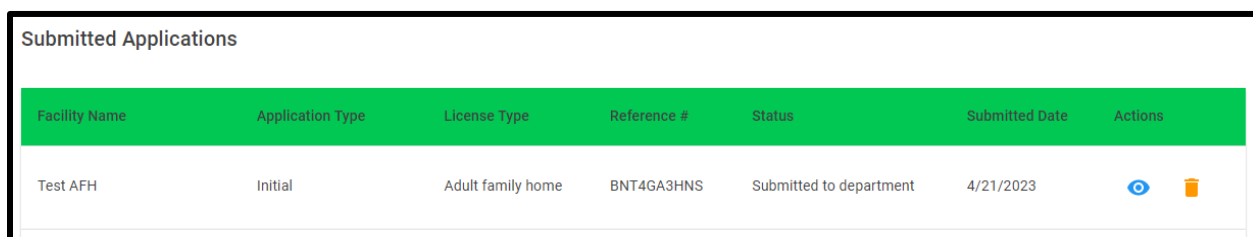


**Note: For Card payments, the transaction will come through as DSHS ALTSA. For ACH payments, the transaction will come through as WADSHSALTSARCS Payment**

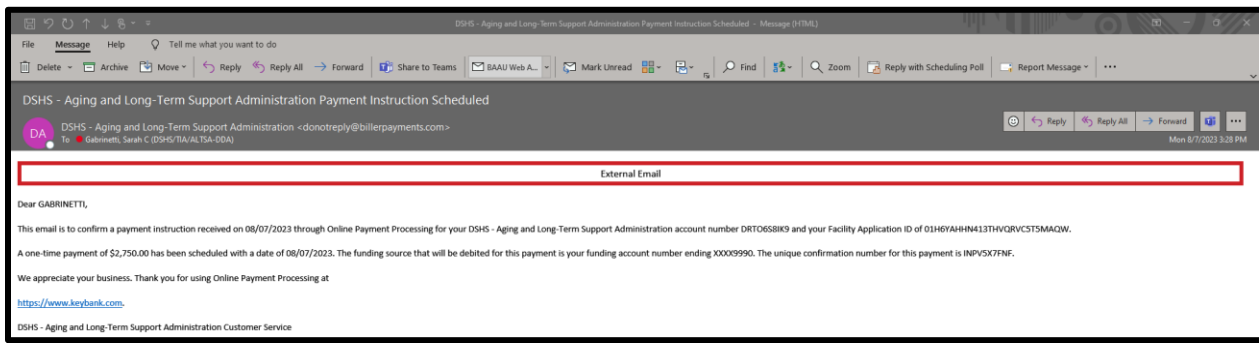
16. The page will refresh back to the *Home* page.



17. The application is in the *Submitted Applications* section.

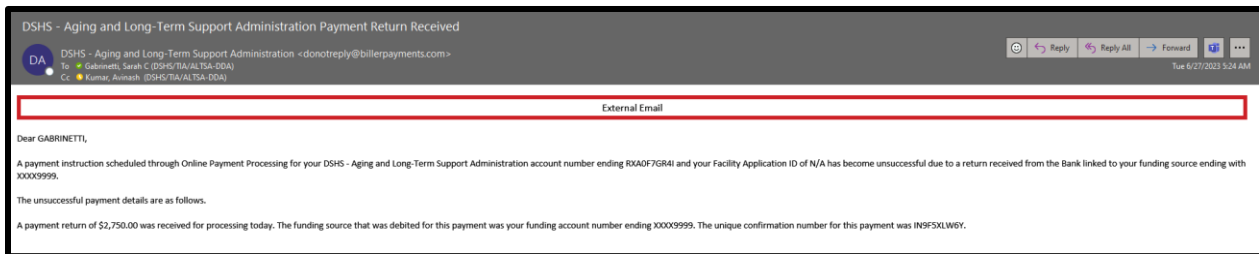


18. A confirmation email regarding the payment will be sent to the applicant and the department.



## Resubmitting the Payment Due to NSF ACH

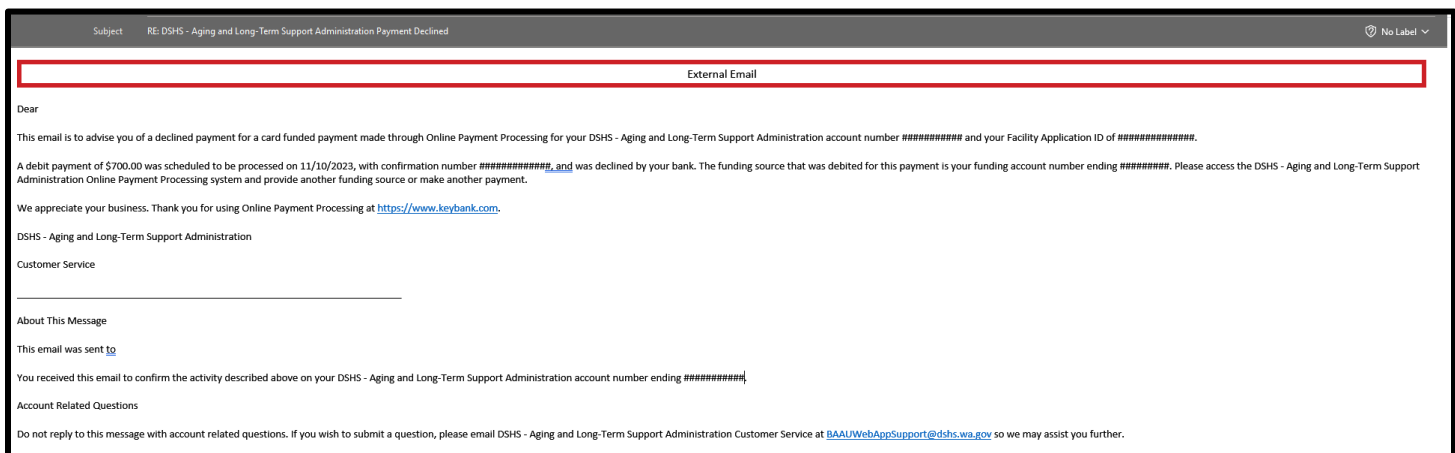
1. An email will be sent if ACH (checking account) was decline due to non-sufficient funds.



2. Resubmit the payment using a different checking account or debit/credit card.

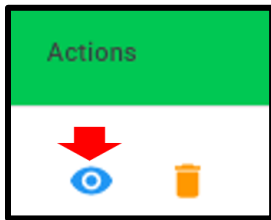
## Resubmitting the Payment Due to Credit/Debit Card Being Declined

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 [baauewebappsupport@dshs.wa.gov](mailto:baauewebappsupport@dshs.wa.gov) to let us know the payment was declined or returned by the applicant's bank.



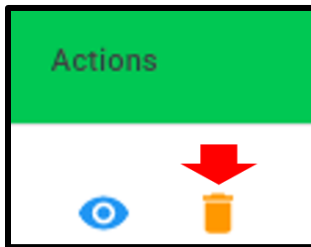
## Viewing Submitted Application

1. Click the “eye” icon to view the application.

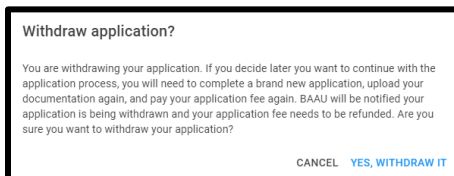


## Withdrawing the Application after Submission

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



2. The following message appears. Click “Yes, Withdraw It”.



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	

4. Notification is sent to the department.

## M. Editing Application after Submission

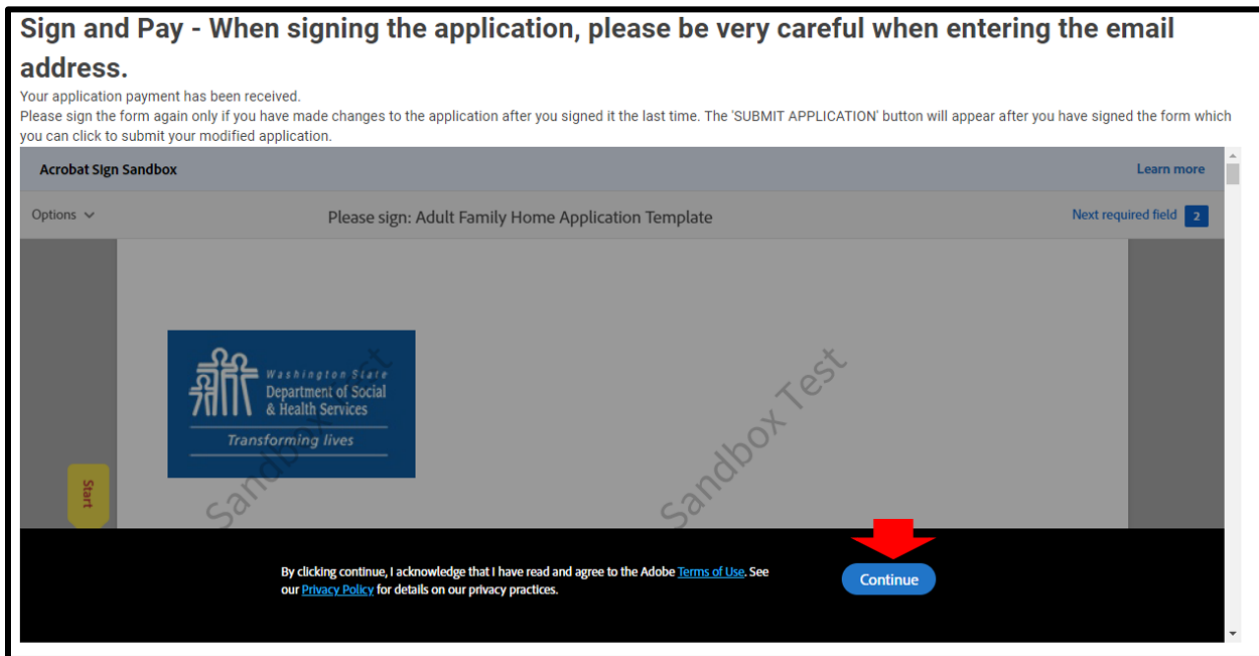
1. The department will unlock the application and notify the applicant if changes need to be made
2. The unlocked application will be in the *Unsubmitted Applications* section.

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

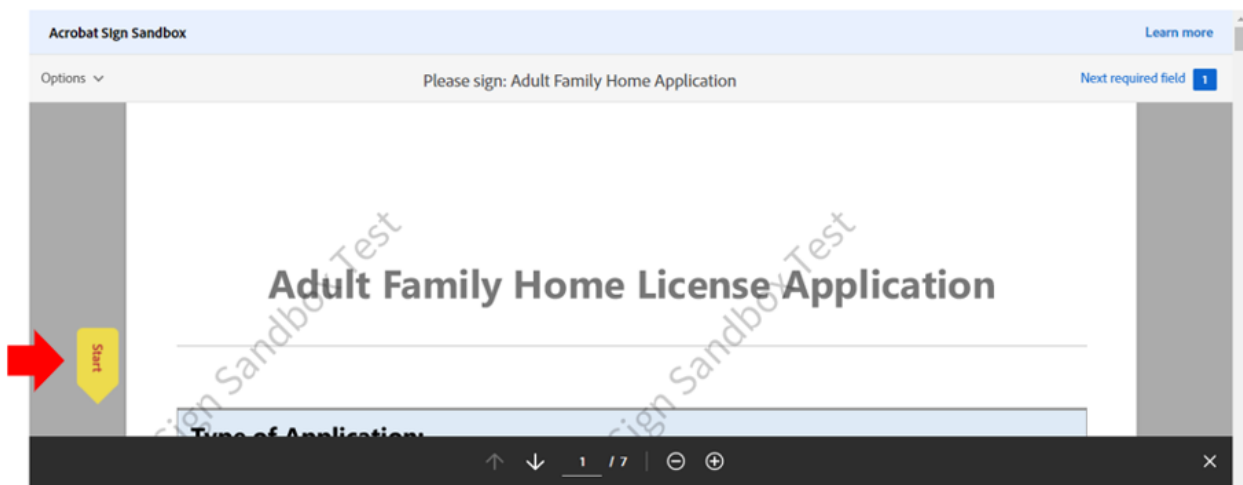
3. Click the pencil icon.



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*.

Acrobat Sign Sandbox

Options ▾ Please sign: Adult Family Home Application Next required field 1

office before making any capacity changes.

**Applicant Certification Signature**

SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE DATE

\*Click here to sign

PRINT NAME

**Spouse Co-Provider / SRDP Certification Signature**

Next

8. Sign the application and click *Apply*.

Sign

Test Test

Close Apply

Clear

9. Select *Click to Sign*.

Acrobat Sign Sandbox

Options ▾ Please sign: Adult Family Home Application Required fields completed ✓

office before making any capacity changes.

**Applicant Certification Signature**

SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE DATE

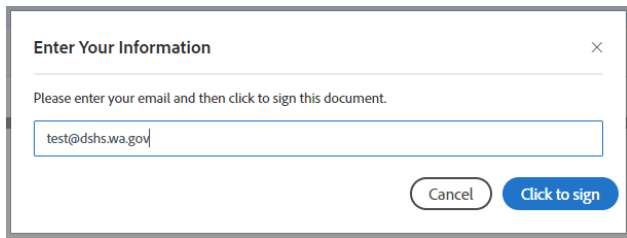
PRINT NAME

**Spouse Co-Provider / SRDP Certification Signature**

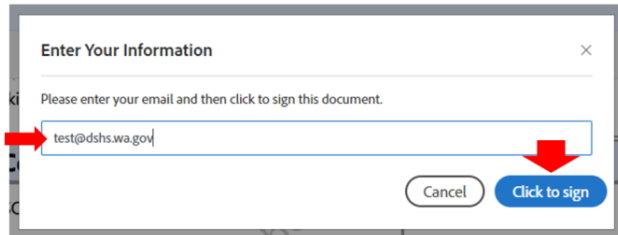
By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HE...

Click to Sign

10. Enter an email address.

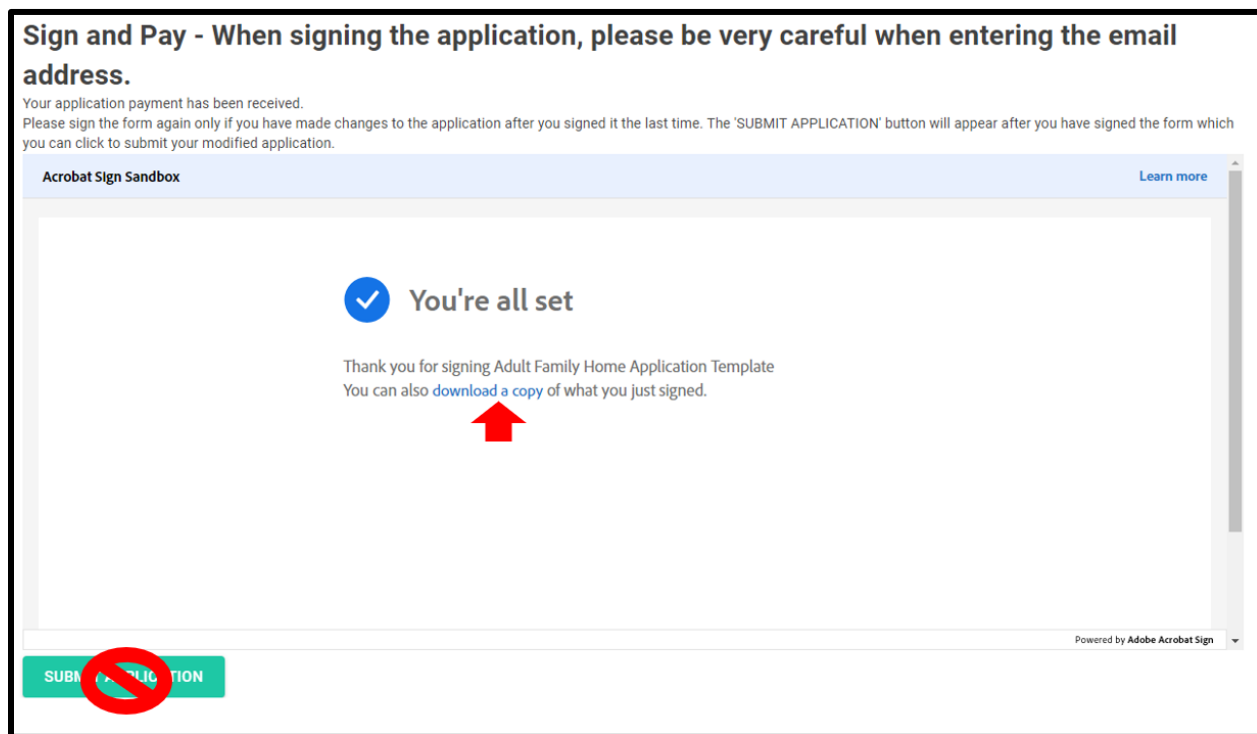


11. Select *Click to sign*.



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.



**SUBMIT APPLICATION**

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## 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