



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

July 2, 2015

ALTSA: AFH #2015-014
ADULT FAMILY HOME DISCLOSURE OF CHARGES FORM

Dear Adult Family Home Provider:

In September of 2014, you were informed about the Disclosure of Services form that was a result of Substitute Senate Bill 5630 that passed in 2013. All adult family home providers were required to complete the form and return it to DSHS by December 31, 2014. We are now announcing the second and final form that was required by this bill. The second form is the Disclosure of Charges form.

The Disclosure of Charges form (DSHS 15-449) is now posted to the AFH Professional page and can be downloaded for your use. This form, unlike the Disclosure of Services form (DSHS 10-508) is to be completed and given to each resident prior to being admitted to your home but is NOT to be sent to DSHS to be posted on the AFH locator site.

Providers who wish to continue to use their own disclosure form for charges are able to do so but must also complete this required form. Please see WAC 388-76-10540 (1) for more details. Providers are required to begin using the new form by August 1, 2015.

To avoid confusion about these two forms and how they are both to be implemented please refer to the following chart:

FORM	WAC	Due Date	WHAT TO DO AFTER COMPLETION
Disclosure of Charges Form DSHS 15-449	388-76-10540	August 1, 2015	Provide a copy of this form to all residents prior to admitting them to your home.
Disclosure of Services Form DSHS 10-508	388-76-10532	December 31st, 2014	Complete this form and return it to DSHS: RCS Attn: Disclosure of Services PO Box 45600 Olympia, WA 98504 or Email it to AFHdisclosures@dshs.wa.gov

Dear AFH Provider

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If you have not returned your Disclosure of Services form that was due by December 31, 2014, please do so now. Again this is a required form and licensors are currently checking to ensure all homes are in compliance with this requirement.

As always, thank you for all that you do to care for the vulnerable adults in your community.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Morgan".

Kathy Morgan, Interim Director
Residential Care Services

"Transforming Lives"