There is no fee to decrease the number of licensed beds. There is NO REFUND of any portion of the per bed fee you paid. You must have a minimum of two (2) licensed beds to be an Adult Family Home.

Fax the completed form to Business Analysis and Applications Unit (BAAU) at (360) 725-2645. If you do not have a fax, our mailing address is BAAU, PO Box 45600, Olympia WA 98504-5600, or email the BAAU Unit (DSHS / ALTSA) at BAAU@dshs.wa.gov.

<table>
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<tr>
<th>AFH NAME</th>
<th>AFH LICENSE NUMBER</th>
<th>COUNTY</th>
</tr>
</thead>
</table>

Licensed bed change: Capacity **DECREASE** of _____ beds

TOTAL number of beds to be licensed: _____

Name and phone number of the primary contact for questions:

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>PHONE NUMBER (WITH AREA CODE)</th>
<th>DATE</th>
</tr>
</thead>
</table>

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<tr>
<th>PRINT TITLE</th>
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</table>

For ALTSA / RCS Use Only

Please type or print clearly. Answer all questions and follow all instructions. Please refer to WAC 388-76-10030. It is the responsibility of the licensee to submit a complete form and fee. Contact 360-725-2420 if you have questions about this form. This form may be photocopied.