



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
ASSISTED LIVING FACILITY (ALF)

ALF Change in Licensed Resident Bed Capacity or Use of Rooms

FACILITY NAME	LICENSE NUMBER	EMAIL ADDRESS (REQUIRED)
NAME OF CONTACT	TELEPHONE NUMBER (WITH AREA CODE)	DATE
<p>Assisted Living Facility (ALF) per resident bed fee is \$106; if there are less than 12 months before your license expires, you will need to pro-rate this fee. Make check or money order payable to Washington State Treasurer and mail application and any applicable fees to: AL TSA Budget and Finance Unit, PO Box 45600, Olympia, WA 98504-5600.</p> <p>Please be sure to write the Assisted Living Facility license number on your check as well as the reason for the payment. Remember, the capacity increase is not in effect until you receive a revised license and letter from the department verifying that the capacity increase is approved.</p> <p>If you are requesting a capacity <u>decrease</u>, please fax this form to 360-438-7903 (no fee required).</p>		
<p>INDICATE TYPE OF CHANGE</p> <p>Capacity INCREASE of _____ beds.</p> <p>Capacity DECREASE of _____ beds.</p> <p>TOTAL beds to be licensed: _____</p>		
<p>INDICATE ROOM LOCATION(S)</p> <p>This is not required if a <u>new</u> facility license has been issued within the last six months due to construction approved by the Department of Health, Construction Review Services.</p> <p>Wing / floor / building(s) _____</p> <p>Room number(s) _____</p>		
<p>Please type or print clearly. Answer all questions and follow all instructions. It is the responsibility of the licensee to submit a complete application. Refer to WAC 388-78A-2800, 2810, and 2880.</p> <p>Direct questions regarding this application to 360-725-2315. This form may be photocopied.</p>		
SIGNATURE		DATE

For AL TSA Fiscal Use Only	For AL TSA / REC Use Only